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## ABSTRACT

Noting that the demands and expectations of parents worldwide have shifted tremendously over the last 20 years, and that parents' ability to fulfill their parental roles will affect their communities as well as their own children, this booklet examines programming for parents that is designed to support young children's development, and discusses issues that need consideration in the design of such programs. The booklet begins with a brief overview of young children's development and needs, and the role parents play in supporting that development. Principles for developing programs for young children and their families are suggested and important issues and questions for such programs are identified. The paper differentiates parent support and parent education programs, and provides program examples. Numerous case studies from several countries are provided for the following service delivery strategies: (1) one-on-one parent support at a health clinic; (2) one-on-one parent support through home visits; (3) parent groups; (4) media or distance education; and (5) community development. The paper also lists areas in which additional information is needed related to child development and curriculum, public policy, child development indicators, public/private partnerships, and effective programming. The paper concludes with descriptions of related resources, including the Avance Family Support and Education program. (Contains 75 references.) (KB)

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Early Child  
Development

PARENTING IN THE EARLY YEARS:  
A REVIEW OF PROGRAMS FOR PARENTS OF  
CHILDREN FROM BIRTH TO THREE YEARS OF AGE

Judith L. Evans

and

P. A. Stansbery

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THE CONSULTATIVE GROUP  
ON EARLY CHILDHOOD  
CARE AND DEVELOPMENT



Parenting in the Early Years:  
A Review of Programs for Parents of  
Children from Birth to Three Years of Age

by

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September 1998

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*The plethora of parent education programs developed around the world have tended to disregard parents' and caregivers' knowledge and achievements and use a "deficit" model. The need is for dialogue and processes which respect different views and allow different voices to be heard - valuing diversity and with an openness to creating new knowledge and new ideas.*

*The challenge is to find the right balance. On the one hand, to recognise, respect and build on existing strengths and traditions; to build confidence; to offer opportunities to share experiences and generate solutions - while at the same time acknowledging and responding to the need for access to information; building understanding of fundamental principles for effective support of children's development; and addressing the fact that sometimes these fundamental principles are in conflict with dominant ideas.*

*Arnold 1998*

Parents are the child's first and most consistent support and teachers. How well parents are able to fulfill that role will affect not only their own individual child, but the community as a whole. Because parents are the first line of support for the child, there are times when parents themselves need support. Around the world, in both Majority World countries and industrialized nations, conditions, demands and expectations of parents have shifted tremendously over the last twenty years. The on-the-job training many parents used to receive from extended family members or from religious and cultural traditions is largely unavailable to contemporary parents. Whereas in the past, most societies could claim a normal parenting pattern — either an extended family model, a community/tribal model, a nuclear family or some other usual pattern — now most societies are reporting that their family norms are disrupted, and the effects on children and parents alike are devastating.

However, biological parents are not the only ones who need support. For an ever-increasing number of the world's children, biological parents are not available to them most of the time, if at all. Parents are leaving children behind to go in search of work; they are losing children in the context of diasporas and armed conflicts; they are leaving children in the care of other children while trying to earn a living; they are dying of AIDS; they are being ravaged by drugs and poverty; they are trying to carry on while juggling inhuman demands caused by long work days and the necessities they must provide within single-parent households. Children all over the world are not getting the parenting they must have in order to be healthy and productive human beings.

**Parenting is the provision of ongoing care and supports that a child needs in order to survive and thrive. All children have the need and right to be parented.**

In most contemporary settings when a child is at risk it is not merely due to parental ignorance of child development, it is due to a whole complex of factors, including the fact that the individuals and communities who are in a position to care for that child do not see their role as including

parenting. But good parenting is precisely what children at-risk need. Thus parenting education, if it is to be effective as a strategy for supporting children at-risk, needs to be available not only to the child's parents, if they are present, but also to anyone in the community who can or does have an impact on the child's life: child minders, family members, care providers, educators, and community resource people.

The concept of supporting parents has existed for decades but the definition and manner of implementing parent support programs have changed over time. Parenting support has evolved to reflect our new knowledge of early child development (birth to 6 years of age), a broader interpretation of who should and does provide care for children, and innovative, efficient strategies to provide children with social services. In this paper we focus on programming for parents that is designed to ultimately support young children's development (birth to three), and the questions and issues that need to be considered as new programs are designed. The paper begins with a brief overview of young children's development and the role parents play in supporting that development; it presents a picture of parenting today; suggests some principles for the development of programs for young children and their families; identifies the issues that need to be addressed and the questions that need to be answered, and provides examples of parenting support programs.

## Background

The research on brain development that was highlighted during 1997 emphasizes the importance of the first three years of life in establishing the base upon which all later experience is developed. The now-acknowledged importance of the first years of life has caused the international community to take a closer look at the ways in which the needs of the youngest children are being met. In many ways programs for this age group are much less well developed than programs for those who are considered to be of pre-school age (children from age 3 to school entry). The programs that do exist for the youngest children are offered primarily by the health sector, and tend to focus on children's survival, with only minimal regard for child stimulation and the important component of child *care*. Recently that has begun to change.

During 1997 two important initiatives were developed by the health community in an attempt to provide a more holistic perspective on programming for the youngest child. These include the *Care Initiative* developed by the Nutrition Section within UNICEF (Engle, et al., 1997), and the WHO Division of Child Health and Development initiative to *Promote Healthy Growth and Development*. This latter initiative is being designed to bring together information on basic child development and nutrition interventions and to develop a model that will be promoted by WHO and its partners. To continue this discussion, in April of 1998 a Working Group meeting was held on *Integrating Child Development into Nutrition Programs*, organized by UNICEF, Wye College, and the University of London. This was followed in April 1998 with the annual meeting of the Consultative Group on Early Childhood Care and Development, where the major topic of discussion was programming for children 0-3 years of age, with a major emphasis on work with parents. Thus recently, there has been considerable interest in developing the most appropriate programs for the youngest children and their families.

We begin with a brief review of what children from birth to age three require.

### **What Young Children Need**

*"What is a Healthy Child? Parents in many societies define "healthy" children as happy, bright, and active as well as free from disease; they do not separately evaluate motor development, cognitive development, and psycho-social adjustment apart from "health". Similarly, parents may not be aware of all of the different activities which they are already doing to support their children's development; they may think that they are just "watching children grow". (Engle et al., 1997)*

When the question is raised about what young children need, there can be a variety of answers, depending on who is being asked to answer the question. There are those who could provide a very detailed response; there are others who would respond much more simply, stating that the child needs to be healthy. In the context of this article we will provide only a brief outline of what the youngest children need.

During the first three years children learn faster than they will ever learn again in their lives. They go from being dependent on others to meet all their needs to becoming moderately independent beings who have quite a bit to say about what they need and how they want those needs met.

### **Characteristics of Young Children 0-3**

A delineation of developmental differences across the birth to three spectrum is provided by Donohue-Colletta (1992) in Table 1. In addition to the characteristics of young children from birth to about age three, there is a description of what children need during that time to best support their growth and development. In a review of Table 1 it is possible to see that children's growth and development during the early years changes dramatically from month to month — almost from day to day.

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**Table 1: Children's Developmental Needs**

| Approximate Age               | What children do                                                                                                                                                                                                                                                                                                                      | What children need                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Birth to 3 months (inclusive) | begin to smile<br>track people and objects with eyes<br>respond to faces and bright colors<br>reach, discover hands and feet<br>lift head and turn toward sound<br>cry, but often soothed when held                                                                                                                                   | protection from physical danger<br>adequate nutrition, exclusive breastfeeding if possible from birth to six months of age<br>adequate health care (immunization, oral rehydration therapy, hygiene)<br>an adult with whom to form an attachment<br>responsive, loving interactions with significant, consistent people<br>an adult who can understand and respond to their signals<br>things to look at and hear |
| 4 to 6 months (inclusive)     | smile often<br>prefer parents, consistent caregivers and older siblings<br>repeat actions with interesting results<br>listen intently<br>respond when spoken to<br>laugh, gurgle, imitate sounds<br>explore hands and feet<br>put objects in mouth<br>sit when propped, roll over, scoot, bounce<br>grasp objects without using thumb | All of the above, plus:<br>things to look at, touch, hear, smell, taste<br>opportunities to explore the world<br>appropriate language stimulation<br>daily opportunities to play with a variety of objects                                                                                                                                                                                                        |
| 7 to 12 months (inclusive)    | remember simple events<br>identify themselves, body parts, familiar voices<br>understand own name, other common words<br>say first meaningful words<br>explore, bang, shake objects<br>find hidden objects, put objects in containers<br>sit alone,<br>creep, pull themselves up to stand<br>may seem shy or upset with strangers     | In addition to the above:<br>consistency in the environment and in adult expectations of the child<br>encouragement of effective language usage                                                                                                                                                                                                                                                                   |



|                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 to 2 years<br>(inclusive)   | imitate adult actions<br>speak and understand words and ideas<br>enjoy stories and experimenting with objects<br>walk steadily, climb stairs, run<br>assert independence, but prefer familiar people<br>recognize ownership of objects<br>develop friendships<br>solve problems<br>show pride in accomplishments<br>like to help with tasks<br>begin pretend play | In addition to the above:<br>support in acquiring new motor, language, thinking skills<br>a chance to develop some independence<br>help in learning how to control their own behavior<br>opportunities to begin to learn to care for themselves<br>opportunities for play and exploration<br>play with other children<br>health care must also include deworming |
| 2 to 3 ½ years<br>(inclusive) | enjoy learning new skills<br>learn language rapidly<br>always 'on the go'<br>gain control of hands and fingers<br>are easily frustrated<br>act more independent, but are still dependent<br>act out familiar scenes                                                                                                                                               | In addition to the above,<br>positive role models and opportunities to: make choices<br>engage in dramatic play<br>sing favorite songs<br>work simple puzzles<br>learn cooperation, sharing, helping                                                                                                                                                             |

Source: Adapted from, National Association for the Educational of Young Children, 1985, 1995; and Donohue-Colletta, 1992.

Children have different requirements as they progress through the various stages and develop new skills and capacities. Individuals supporting children's growth need to be aware of the changes that are occurring and the kinds of support they can provide to further promote the child's development.

### **Research Shows the Importance of Attention to Children Zero to Three**

In reviewing the most recent literature on early development, the Consultative Group on Early Childhood Care and Development (1996) summarized what is known as follows:

It is well established scientifically that the early years are critical in the formation of intelligence, personality, and social behavior, and that the effects of early neglect can be cumulative. Research would suggest that there are critical points in children's development where it is important to ensure that children are having the kinds of experiences that support their growth and development. The field of molecular biology brings new understandings of the way the nervous system functions, the ways in which the brain develops, and the impact of the environment on that development. For example,

- ◆ *Brain development taking place before age one is more rapid and extensive than previously realized.* The months immediately after birth are critical in terms of brain maturation. During this time the number of synapses — the connections that allow learning to take place — increase twenty-fold.
- ◆ *Development of the brain is much more vulnerable to environmental influence than suspected.* Nutrition is the most obvious example, but the quality of interaction and a child's cumulative experience (health, nutrition, care and stimulation) during the first 18 months leads to developmental outcomes, which for children from poor environments may result in irreversible deficits.
- ◆ *The influence of the early environment on brain development is long lasting.* Children's early exposure to good nutrition, toys and stimulating interaction with others has a positive impact on children's brain functions at age 15, as compared to peers who lacked this early input, and the effects appear to be cumulative.
- ◆ *The environment affects not only the number of brain cells and the number of connections, but the ways in which they are wired.* The brain uses its experience with the world to refine the way it functions. Early experiences are important in shaping the way the brain works.
- ◆ *There is evidence of the negative impact of stress during the early years on brain function.* Children who experience extreme stress in their earliest years are at greater risk for developing a variety of cognitive, behavioral and emotional difficulties.

In sum, much of the brain is already formed at birth and during the first two years of life most of the growth of brain cells occurs, accompanied by the structuring of neural connections. By age 6, most of these connections are made (or not, as the case may be). Thus, providing opportunities for complex perceptual and motor experiences at an early age favorably affects various learning abilities in later life and can even compensate, at least partly, for deficits associated with early malnutrition. (CG 1996)

Other research continues to accumulate, indicating that the early years are critical in the development of intelligence, personality, and social behavior. For example:

- ◆ Children are born with physical, social and psychological capacities allowing them to communicate, learn, and develop. If these capacities are not recognized and supported they will wither rather than improve.
- ◆ Children whose caregivers interact with them in consistent, caring ways will be better nourished and less apt to be sick than children who do not receive such care.
- ◆ Establishing a loving relationship in the early months of life has been shown to affect a person's ability later in life to love and to establish permanent relationships.
- ◆ Longitudinal studies demonstrate long-term effects with a variety of intervention programs.

These effects go beyond the learning of basic abilities to include: improved school attendance and performance, reduced repetition, increased employment, and reduced delinquency during the teenage years and reduced teenage pregnancy.

- ◆ Improving a young child's health and nutrition, and providing opportunities for stimulating interaction and early education can bring a high economic return to society as well as to the individual.
- ◆ Inter-generational effects. To the extent that programs of early childhood care and development affect subsequent education, the evidence suggests that they will also have an effect on fertility and population growth.
- ◆ There can be significant multiplier effects, especially in the case of *parental support and education programs*, the immediate effects on one child will carry over to the raising of additional children.

Clearly research supports the assertion that it is important to support children zero to three in their development, and important to make sure that the *care* they receive from parents, older siblings and extended family members, daycare providers, and others is supportive of their full, healthy development.

### **The Importance of Care**

One of the keys to supporting the child's optimal development is to provide appropriate care. Care includes much more than keeping the child safe and free from harm. Caregiving behaviors include breastfeeding; providing emotional security and reducing the child's stress; providing shelter, clothing, feeding, bathing, supervision of the child's toilet; preventing and attending to illness; nurturing and showing affection, interaction and stimulation; playing and socializing; protecting from exposure to pathogens; and providing a relatively safe environment for exploration. (Zeitlin 1991; Myers 1992) A second set of caregiving behaviors includes the use of resources outside the family, including curative and preventative health clinics, prenatal care, the use of traditional healers, and members of the extended family network. (Engle 1992) All of these behaviors are a part of caring for the young children.

Care is an interactive process. It is the parent/caregiver in interaction with the child that determines the quality of care received and the ways in which the child develops. It is important to note, however, that there are several variables that determine the quality of care. Some of these variables reside in the child. Engle et al., (1997) provide a summary of some of the characteristics of the child that are likely to have an impact on the care she/he receives, which, in turn, will determine the child's nutritional status. These include:

***The way the child "presents"***, which is a combination of the child's temperament, behavior and appearance. A child who is attractive and actively engages with adults is far more likely to get



attention and care than the child who does not make eye contact and is unattractive by local standards. Children who are not responsive and/or sickly may not be given adequate attention; with little or no response from the child, the adult is not motivated to persevere. A child with physical or emotional disabilities may be at greater risk of under nutrition than a child without disabilities, again because adults are less likely to "engage" with them.

***The child's developmental age and the health and nutritional risks the child is facing.***

Children have different needs at different stages during the early years. During the first year of life the child is at the greatest risk of mortality. During late infancy (or when complementary foods are introduced) and during the toddler period the child is at greatest risk of growth faltering. Engle et al.(1997) elaborate:

- ◆ In the first six months of life, malnutrition tends to be less common if the mother is breastfeeding exclusively. During this period, the most important care practices are centered on the lactating woman and her breastfeeding. Investments made in children's nutrition during this time can result in a significant decrease in rates of malnutrition both for the children themselves, and for the next generation.
- ◆ When infants begin consuming foods in addition to breastmilk, they are at risk of infection and malnutrition. When the child begins to eat complementary foods then food preparation, food storage and hygiene become important. Because food must be eaten in small amounts frequently, storing it hygienically is most important in the period from 6 months to 18 months.
- ◆ During the critical period of the second year of life, children may not yet be able to signal their desire for food effectively, and may be unable to obtain food on their own. At this age, language development and gross motor skills may increase a child's ability to obtain food.

Engle et al., (1997) go on to explain that "care that is appropriate at one age may not be appropriate at another age. For example, regular mealtimes are probably helpful in the second or third years of life but scheduled times for breastfeeding in the first year usually lessen intake or shorten breastfeeding durations. Active spooning of food is appropriate for a 7-month-old but inappropriate for a normal 2-year-old who wants to feed himself. Holding and carrying a child is a good way to provide love to a young infant, but as children get older, they profit from stories, games, and play with family members as well. Warmth and affection from caregivers are important at all ages."

***The social value of the child.*** Children may elicit different kinds of care as a result of their perceived value within a culture.

- ◆ When males and females are not valued equally, care may be different for each gender. In some societies, girls receive equal treatment in access to food, health care, education, attention and affection, whereas in others, girls receive less. In South Asia and China, where discrimination against girls has been most clearly documented, girls have been found to receive less timely medical care, a smaller proportion of the family food, and less

breastfeeding. Gender differences can also be seen in son preference, or the ratio of women who state that they would like their next child to be a boy compared to those who would like their next child to be a girl. In South Asia, boys are strongly preferred, whereas in Latin America and parts of Sub-Saharan Africa, preferences are more equal.<sup>3</sup>

- ◆ A child's parentage, such as being the child of a single or step parent, or a non-sanctioned relationship, may influence care practices.
- ◆ Birth order can be a determinant of how children are cared for. First-born children may be raised by a maternal grandmother, which may or may not be an advantage, depending on the care provided by the grandmother, but it is likely to be different from what the mother provides. In general, those born later (fifth or higher) receive less adult attention.

***The context within which the child is being raised.*** Some children need extra psycho-social care because of inadequate care in the past (e.g., as victims of war or abuse). In addition, when a family is under economic or social stress, children are likely to receive less adequate care.

In summary, in the interactions that occur as adults support their child's development, one set of variables that affects the nature of the interaction are those related to child characteristics. Some of these characteristics are likely to draw in the caregiver, setting up and reinforcing a cycle of positive interactions that support the child's development. Other child characteristics and experiences are going to make it more difficult for the parent/caregiver to provide appropriate care. However, the child is not the only actor in the care drama. The characteristics of the parent or caregiver are also important.

When the parent/caregiver has time and energy then she (or he) can engage more readily with the child. When there are multiple demands on her/him (work in and outside the home, other children, single-parenting, lack of food security etc.), it is more difficult for the caregiver to provide appropriate care. Nonetheless, in the best of all possible worlds, a key characteristic of a good care provider is her/his ability to be responsive to the child's behavior. This responsiveness takes several forms and includes awareness of and ability to respond to the child's developmental cues; attention, affection and involvement; support for the child's exploration, autonomy and learning; and protection from abuse.

***Responsiveness to developmental milestones and cues*** includes the extent to which caregivers are aware of their children's signals and needs, interpret them accurately, and respond to them promptly, appropriately and consistently. (Engle and Ricciuti 1995)

---

<sup>3</sup> According to Engle et al, 1997, mothers were over twice as likely to want a boy as a girl in Pakistan (4.9 times more likely), Nepal (4), Bangladesh (3.3), Korea (3.3), and Syria (2.3) (UN, 1983). On the other hand they were equally likely to prefer a boy or girl in Latin America [Mexico (1.2), Peru (1.1), Costa Rica (1.0), and Venezuela (0.9)], the Caribbean (Jamaica, 0.7), and Kenya (1.1). Gender preferences can also be seen in the ratio of women per 100 men, which is greater than 100 in most of the developed countries, slightly over 100 in sub-Saharan Africa and Latin America, and below 100 in South Asia (94 in Bangladesh and India), East Asia (95 in China and the Middle East (81 in Saudi Arabia) (UN, 1995). 9

The most appropriate responses change with the child's developmental stage. Responsiveness can be illustrated by the caregiver's behavior when a child cries or fusses. For a very young child, the response to fussing may be touching and holding, whereas at an older age, it could involve soothing or redirecting the child through talking. If the caregiver misinterprets the reason for the crying, the child's needs may not be met.

Responsiveness is also important for language development. Even before they can talk, children understand simple adult speech, and can learn the give and take of conversation. Caregivers who talk to their children in simple language, and respond to children's verbal play, will help their children learn language, facilitating children's ability to express themselves.

Parents' beliefs about the age at which children can see and hear and learn important skills like walking or speaking also affect the child's development; parents who expect earlier development are likely to support the development of the skills or ability (e.g. give their child things to look at, encourage skills at appropriate times). Thus helping parents to be aware of developmental stages can have positive effects on children's development. Within each culture there are developmental landmarks. It is important to have an understanding of these and then relate them to other landmarks that you want parents to be aware of for the child.

One of the most common indicators that a child is not developing well is listlessness, low activity level or delayed achievement of developmental milestones. An alert caregiver will be able to notice this problem, and try to encourage the child more or find out the reason for the low activity, which is often a result of illness or poor nutrition.

**Attention, affection, and involvement.** The attention, affection and involvement that caregivers show to children influence their growth and development. Caring about children's well-being on a day-to-day basis and taking appropriate actions for children's benefit are ways in which caregivers show attention and involvement. Affection can be shown by physical, visual, and verbal contact with children; the way affection is expressed will vary by culture.

"The most important factor in a child's healthy development is to have at least one strong relationship (attachment) with a caring adult who values the well-being of the child. Lack of a consistent caregiver can create additional risks for children." Engle, et al., 1997

**Encouragement of autonomy, exploration and learning** by caregivers can improve children's intellectual development and nutritional status. Young children are born with the ability to learn, but they need the encouragement and freedom to be able to develop that ability. Several studies in developing countries found that malnourished children who had been given verbal and cognitive stimulation had higher growth rates than those who had not. (e.g., Super et al., 1990)

Caregivers need to provide safe conditions for play, encourage exploration and provide learning opportunities in addition to good nutrition. Children learn from games, play and guided

imitation. Caregivers who allow children to play and who interact with them frequently can stimulate their cognitive, language, social, and motor development. (Engle et al., 1997)

***Prevention of and Protection from Child Abuse and Violence*** are ways of caring for children. Abuse of children beyond what is culturally acceptable results in a vulnerable adult, who is likely to repeat the abuse. Children exposed to aggression, and children who have been victimized are likely to repeat these roles. Too often children are exposed to the violence of war or natural disasters, and these experiences can result in stress which can have both psychological and biological effects years later.

In summary, caregivers and children influence each other. Helping caregivers develop the ability to respond to children's cues may require reducing constraints to care for women, since responsiveness necessitates having time and physical and mental health. When caregivers are under stress from too many responsibilities and insufficient resources, they may be unable to respond appropriately to children.

Thus a key question emerges, What kinds of support do parents and other caregivers require and how best can that support be provided? While all children need the care described above, the way in which the needs are manifested and the way they are provided for will differ from culture to culture. It is important to recognize that a range of approaches will be appropriate and necessary.

### **Strengthening Care for Children through Parenting Support and Education**

Worldwide there is an emphasis on ensuring that Early Childhood Development programmes are firmly family and community-based. The stress on the importance of the family is hardly surprising if we consider a few simple questions — for example “Who knows the child best?” “Where is the young child most of the time?” “For whom is it most important that the child develops well?” Children learn who they are and what life is all about from the people they are with. For the vast majority of children it is the family, in its many and varied forms, which is the most important influence on the child's perception of self and others.

Arnold, 1998, pg. 1

The Malta World NGO Forum launching the International Year of the Family (IYF) in 1994 had as its theme: Promoting Families for the Well-being of Individuals and Societies. The Forum provided a “realistic and global approach to the family as the ‘basic unit of society’ and the natural environment for the healthy development of all its members and of every society.” (UNESCO, 1995, pg. 5) The intent within the Forum was to raise awareness, interest, concern, support and action on behalf of the family. IYF marked the “beginning of an on-going process to empower families to recognize their resources and carry out their responsibilities in a changing world, strengthened in ways that increase equality between men and women, and in respect of the diversity of family structures worldwide.” (pg. 6)



Among the specific concerns and focal points of the Forum were the following statements about the role of families in providing support for children:

- ◆ The family must be the main agent in protecting the Human Rights of its members, especially the vulnerable. It is to answer the needs and promote the potential of its individuals as physical, social, emotional, intellectual and spiritual beings. (pg. 8)
- ◆ On their own, families can no longer provide all that children need to grow up well. It requires an interlocking system in which families and accompanying formal and informal networks and services work together. The challenge in our time is to arrive at a new relationship between family and the state. The family must, in a new way, become the protagonist of family policy; it must be ensured that laws and state regulations not only do not offend but enhance the role of the family. (pg. 8)
- ◆ There must be a new awareness of family concerns and needs, even while recognizing that families are in transition and that new and different needs must be addressed. (pg. 8)
- ◆ Family policies and family interventions must be based on a careful and verified analysis of family realities, and a comprehensive view on family life — not on untested, implicit assumptions. (pg. 8)
- ◆ Training of NGO personnel working with families in practical methods of life-coping skills must aim at encouraging families to build on their own resources and to overcome difficulties by relating to family networks. (pg. 10)
- ◆ Taking care of the best interests of the child, as set out in the Convention on the Rights of the Child, must not be seen as a threat to the family, but as a challenge for society. (pg. 13)

The tenet that parents have the primary responsibility for supporting the growth and development of their children, with the State providing support to families, is echoed in government policies throughout the world. The implication of this is clear: ***programming efforts to support infants 0-3 must begin by considering what supports will strengthen parents, what will help families to thrive, and how care for infants can be strengthened within their most natural contexts.***

In cases where parents are not present, due to long work hours, out-migration in search of work, divorce and family violence, death, ravages of war, and political displacement, those people in the immediate environment of young children, and those charged with their care (officially or unofficially) also need parenting support. In these cases, the support must include efforts to weave the child more securely into the fabric of family and community as it exists within that culture.

Parental and parenting support can be provided by working directly with parents and caregivers through parenting support and/or parent education programs; and/or by providing children with alternative childcare within the home and within childcare settings outside the child's home.



In summary:

- ◆ parenting support and education addresses the needs of children and parents and all the other caregivers or potential caregivers within a child's life;
- ◆ if it is to be effective in the long term, parenting support must address children's and caregivers' needs in the context of family, culture, and community.
- ◆ If they are to be effective as strategies for supporting children at-risk, these programs need to be available not only to the child's parents, if they are present, but also to anyone in the community who can or does have an impact on the child's life: childminders, family members, care providers, educators, and community resource people.

### Principles in Creating Parenting Programs

We have systematically allowed people to feel incompetent and inadequate in raising their own children.

Salole 1992

Historically, parenting programs have begun with the assumption that parents are ignorant about their children and need to be enlightened. This deficit model (parents are lacking knowledge and/or skill) has been accompanied by a "didactic model" that has assumed that if you just tell parents what they need to know, they will do a better job with their children. As Arnold (1998) notes,

"Worldwide the tendency of parent/caregiver education programs has been to be "message driven". Little time is spent on finding out what parents and other caregivers already know and do. It is now fashionable to include a "child-rearing study" in project designs. However, these are often conceptualized very narrowly and, in any case, the programme is not usually built on the findings (which often get written up months after the interventions have begun). Programmes are not, despite the rhetoric, designed to recognize and respect families' achievements in raising their children. They instead use a "deficit" model (focusing on what people lack both materially and in terms of knowledge and skills) and aim to ensure that people are "educated" about child development."

Arnold goes on to offer an explanation for why the didactic style of parent education developed.

"The didactic style of many programmes probably relates, in part, to the fact that for many years very basic health messages formed the primary content of parent/caregiver education. Many of these were of such universal significance that the cultural context of child-rearing was often considered not to be critical. As the content has broadened out to encompass a wider range of topics, where there are no simple right or wrong answers, the approach has not usually developed accordingly. Yet around the world we might do well to draw on personal experience and recall what helps us in raising our own children to think about the sort of processes we need to be encouraging."

She then goes on to argue that:

"To validate people's innate skills is not a complicated process. Our most significant potential strength is to be familiar with the context in which development is occurring and to recognize and enhance what it is that people are already doing that is positive. We need to both understand the process of socialization within a particular culture and learn to fashion our child development agenda so that it is complementary to this. After learning with parents/ caregivers about their issues, questions can be raised which may be outside of the knowledge or concerns of the caregivers. To do this in a way which is cognizant of the caregivers' own knowledge and concerns is not only the most morally acceptable strategy. It is also likely to be the most successful way of facilitating assimilation of additional information or new ideas to benefit children." (Arnold, 1998)

The challenge is to find the right balance between the traditional and the modern.

| <b>Within the traditional</b>                                             | <b>In relation to new information</b>                                                                                                                                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>to recognize, respect and build on existing strengths</i>              | <i>to acknowledge and respond to the need for access to information</i>                                                                                                                                   |
| <i>to build confidence</i>                                                | <i>to build understanding of fundamental principles for effective support of children's development</i>                                                                                                   |
| <i>to offer opportunities to share experiences and generate solutions</i> | <i>to address the fact that sometimes these fundamental principles are in conflict with dominant ideas (either because of certain cultural practices or where communities are under extreme pressure)</i> |

Source: Arnold, 1998, pg. 4

"This is perhaps the key — a respect for different views, and a commitment to developing processes that allow different voices to be heard — with an openness to creating new knowledge and new ideas with all involved learning along the way." (Arnold 1998)

Arnold's analysis reflects the concerns about parenting education that are being more generally expressed in the field. At a meeting of the Consultative Group on Early Childhood Care and Development in April 1998, the topic was Programming for Children 0-3 Years of Age. It is important to note that at the Consultative Group meeting there was a strong move to frame the discussion in terms of parent *support* instead of parent *education* to indicate the shift from a didactic model to a more collaborative approach in working with parents.

Three broad areas of concern emerged which provide a framework of principles to apply in creating quality parenting programs:

## 1) The Context

- *How do we address the political, social and economic context in which children and caregivers are operating?*

It is important to remember that parents and children are living their lives in a context, with cultural, economic, political and social pressures that affect their behaviors, their day-to-day decisions, and may even affect their ability to live together as families. In designing programs to reach children and parents it is important to start with specific and informed understanding of the political, economic, social, and cultural forces at work in that particular setting. This may seem self-evident, and yet too often, program developers/funders start with assumptions about the population in need; they select a program model that has worked successfully in some other place; and they set about trying to adapt it to local needs. But this approach has proven less than satisfactory in many regards — often the match between the model and the community is less than ideal; the process of program selection has excluded the community and makes community ownership more difficult to achieve; and the assumptions about the community may turn out to be inaccurate and misleading.

It is important to do a local needs assessment, with careful identification not only of the children most at risk but also of the type of risk, and the different factors contributing to that risk. It is also important to involve the community, parents, and caregivers in assessing their own needs (and strengths), and in defining their own understanding of the problems that need to be addressed and systems that need to be strengthened.

One difficulty inherent in assessing (and intervening on behalf of) a community *at risk* is that often the factors that put the children at risk make intervention a tricky political maneuver. In situations where ethnic minorities are socially marginalized, or where poverty is linked to caste or other cultural hierarchies, or where one cultural group is living in communities dominated by another cultural group, or where there is armed conflict, the supports provided by a culturally-relevant program may be perceived as a threat to the dominant group. It is sometimes possible to present intervention on behalf of children as neutral ground, and to use such interventions as an entry point to begin healing political and cultural rifts.

It is useful to pay attention to the policy frameworks (and political rhetoric) that exist — or are needed — in the settings where you are working. Examine current policy to see the ways in which the rights of the under-threes (and their parents) are addressed. Governments are ambivalent about their responsibility to children, families, etc. (e.g. health systems may look at 0-2, but ignore 3-year-olds). It is important to know what supports or impediments exist within the legal and regulatory context.

- *How do we create programs that more effectively integrate parents and children into the social fabric?*

The first principle in achieving this is to take a systemic view. Create programming that strengthens all the systems that must eventually support and sustain ECCD activities. This means, again, being aware of how the social fabric works, and where there are disruptions to that fabric.

Most parenting programs aim to change the parent. They focus on training the parents to interact more effectively with their children, to understand child development, and to provide more appropriate care for the child. This is all valuable support to parents.

However, in many settings, parents aren't the only problem. Systems are set up in ways that exclude or marginalize certain children. Health services are inaccessible or unaffordable; education and employment opportunities are closed to certain parents or ethnic groups; social services keep parents in cycles of dependency rather than gradually empowering them. In such settings, parenting programs should also be designed to help change the systems.

Parents frequently need help breaking isolation. They need help identifying where and how they belong within the larger community context. They need help to participate in cultural activities and bring their children in contact with resources. They might need help building literacy, economic skills, and other social skills which can sustain them as participating members of a culture and community.

In many settings, migration patterns (e.g. rural to urban, crossing national borders) have left families fragmented, and with traditional child rearing practices that no longer serve children and families in the new environment. Thus helping parents to become part of the social fabric includes helping them to sift through their cultural values, validating what they wish to maintain, connecting with like-minded others, and adapting their parenting behaviors in ways that respect their traditions but also support the healthy and safe development of their children within the new context.

- *How do we reach children who are hard to reach, and support them appropriately?*

An integrated approach to early childhood development may seem best in theory, however it often proves difficult to bring together health, nutrition, education and other services to provide the multifaceted attention desired, in contexts where children are hard to reach. In these settings, a parent support program may be more effective. Compared with the construction of child care centers, parent education programs are the most feasible low-cost approach to programs on a large scale. (Koh 1989)

In some settings, media such as radio and radiophones can provide conduits for information, but in all settings, children who are hard to reach and the people who care for them need personal contact in order to be able to use parenting information or materials. The key principle in reaching children who are hard to reach is to build upon existing social organization systems — if parents are employed and belong to unions, if caregivers are part of a religious group, if



children are seen periodically by traveling health personnel, if village leaders can act as conduits or animators, if older siblings participate in schools or non-formal programs, then all these resource people can be activated to reach out to the children and parents who need better supports through a variety of programming efforts.

Although parent education is a low cost strategy to improving children's physical, mental and social-emotional development, it works best with complementary programs (Koh 1989). Thus whenever it can be integrated into adult education efforts, working cooperatives, government provision of services, health center offerings, primary education activities, and the media, it is more likely to have a greater reach.

## 2) The Content

- *How do we create culturally relevant and culturally appropriate programming?*

The first principle in creating parenting program content is: Do no harm. In other words, it is important to make sure that the programming you design is supportive of children's existing culture, support systems, available care, individual needs, etc. This may sound like a cliché (or a broken record), but in many programs, parents are still asked to assimilate materials that are imported from other cultures, and to take on practices that may in fact cause them more confusion and self-doubt than improvement in their abilities as parents.

In line with this, it is crucial to be cautious about — and when possible avoid — transferring pre-packaged models of parenting support or education. Adapting a model to a particular setting requires great care so that the imported curriculum/program does not cut out or obscure valid local ways of structuring care. The process of adapting a model is much like creating a model from scratch — it requires the same steps of needs and context assessment, team building, participatory training and joint planning, development of program ownership by all stakeholders, development of locally valid content, and implementation of the program in specific ways that support and strengthen existing practices. While it is sometimes helpful to use program experience gleaned in another setting, and to adapt materials developed with similar populations of children or parents in mind, it is important to recognize the limits of these source materials, and leave room for local creativity, as well as local ways of structuring parental supports.

One of the most challenging principles to act upon is to truly recognize the value of existing practices and values, and to build on strengths, existing knowledge, etc. in more than token ways. The dilemma project designers face is how to support existing knowledge, while also wishing to introduce new practices and beliefs that have been shown to be effective in terms of child development. One way to accomplish this is to look for local parents who have found ways to modify traditional practices and incorporate more developmentally appropriate ones as well. Another way to accomplish this is to use "experts" who belong to the same cultural tradition or heritage as the parents you are seeking to work with. A third way is to present scientifically validated information as one of several valid choices, and explore with parents the implications



of applying it in their lives. It is helpful to remember that even when introducing scientifically validated information, in the end there is individual choice for parents and communities about how they will raise their children (except in cases where practices violate a child's human rights).

- *What is special about the needs and characteristics about children 0-3 that needs to be incorporated into the program's support services?*

Children in this age group are difficult to test. Thus it is nearly impossible to create indicators to identify children at risk (beyond some health and nutrition dimensions). Many of the inputs that children need most at this age — love and nurturing; consistent adult responsiveness; good nutrition; appropriate stimulation and interactions with objects, sensations, and people; safety; relatively prompt responses to help them manage hunger, tiredness, overwhelm, boredom, and discomforts; and language stimulation and interaction — are crucial to the lifelong functioning of a healthy human being, but don't necessarily show up on next year's IQ test.

Most of the brain's key pathways are established during these years, but the interactions and experiences necessary to that activity are individualistic, and can not be pre-programmed in some kind of behavioristic prescription. Thus the focus on programs for children 0 -3 is not on *what they must learn* (as it often is within primary education programs and even within some school readiness programs), but rather on *how they need to be cared for*. Quality holistic parenting care is the best investment at this age, and the best hedge against learning disabilities, and developmental delays or blockages.

Quality care for infants, and quality parenting programs need to focus on the holistic needs of infants, on their health, nutrition, and all dimensions of their development together. For this age group in particular, mono-focal interventions (such as nutritional supplementation) have proven ineffective. Infant stimulation programs which do not include parental (caregiver) participation, support and training have not proven to have lasting effects, and can actually disrupt child-caregiver relationships in ways that are ultimately harmful.

Programs for infants and parents of infants should be inclusive of all children, including those with special needs. Since each child has basic needs — that is the starting point for all parenting. And those parents whose children need special resources, in terms of health services, nutritional strengthening, or help with disabilities or nervous disorders, can be best supported if they are not marginalized — if they and their children receive the supports they need as part of a larger effort to help all children receive quality parenting and attention.

- *How do we incorporate both traditional and "scientifically validated" childrearing practices, language of the family and surrounding community, and parental patterns of integration with the community into our services, supports, and training?*

The first principle in achieving this is to develop community definitions of needs and responses — with all sectors — for supporting children 0-3. This is difficult to do if a parental education

program is based on fixed and pre-conceived messages that do not incorporate the wisdom of traditional practices. If a program starts with local understandings of what children need, and can build upon traditional practices that are helpful, (e.g., infant massage in India, postpartum rest of mother and child in many Muslim countries, and responsiveness to the child's desires in Bali), and introduces new knowledge about health and nutrition and development in the context of dialogues, sharing, and brainstorming, these new practices are more likely to make some sense and take hold.

If parents are included in creating program materials — sometimes in the context of literacy activities — then the language can reflect their own experiences and dialects more fully. They are also more likely to evaluate new information and try it out with more openness.

Small, grassroots style programs generally have more chance of taking root in local settings. This does not mean that large scale programs are not feasible. It does mean that large scale programs need to leave room for local identification of goals and objectives, local creation of curriculum, and local structures to support local parents. The role, then, for district, state, regional, governmental and international animators is in serving as catalysts, helping to coordinate and marshal resources and funds, helping to provide background materials, providing training for local and regional animators and bringing them together to share ideas and experience, safeguarding children's and parents' human rights, and providing a supportive policy framework to enable local communities to address their parenting needs in locally relevant ways.

### 3) The Process

- *How do adults learn?*

Adults learn much as children learn — through active experience, through trial and error, through exploration, discussion, participation, and interest. Thus training trainers and supporting parents should be an interactive process, not a didactic one. Most adults do not respond to being lectured, drilled, or put through rigid exercises. And if we want to train parents to be flexible, responsive, loving and interactive with their children, then the program methods should reflect these values and behavior styles.

We need to remember that human resource needs are not just technical bits to implement. People need training experiences that are human, personal, and personally meaningful. There are many fine materials available that demonstrate ways of preparing or training skillful, responsive implementers, who in turn can help parents become more effective and skillful care providers and community members. It is important that training, and the actual activities undertaken with parents reflects the knowledge that is out there about active participation, active learning, and interactive training methods.

- *How do changes in outlook and behavior happen (and what sustains them)?*

The main path to affecting attitudes and sustaining changes is to foster development of ownership among participants in the project — both the project implementers and its beneficiaries. A starting point for this is to allow for diversity of viewpoints.

Koh (1989) suggests the following principles in this regard:

- Simply increasing an individual's knowledge is not sufficient to bring about desired behavioral change. Programs must provide the interpersonal contacts and organizational structures that will reinforce and sustain efforts to change attitudes and behavior.
- Parent education must acknowledge and support common wisdom and local practices that foster a child's healthy growth and development. It is important to recognize that many parents, even in so called 'disadvantaged' environments, are competent and effective care-givers.
- Simply providing additional social services is not sufficient to change values, attitudes and practices. On-going parent education offers an effective way of promoting the changes necessary to sustain gains in early development.

- *How do we address strengths while helping parents learn what they need to know in order to parent more effectively?*

Adopt a strength-based rather than deficit approach by identifying and building on the strengths within the culture. Respond to needs as articulated by the community. (We sometimes ask them to define their needs and then tell them they can only need what we can provide.) Identify parents from within the community who represent "positive deviance" — innovations that offer openings for discussion, introduction of information, and sharing of successful experience.

### **Strategies of Programming for Children Under Three**

At the Consultative Group Annual Meeting, (April, 1998), in order to stimulate discussion of programming for children from birth to age three, several people presented case studies of current programs for that population (illustrating a range of programming options). From the discussion that followed each presentation and from reflection on all the cases, the participants then drew a set of recommendations in terms of strategies that could be used in the development of programs for the youngest children and their families. They also identified a set of issues that need to be addressed, either because there is a lack of research or a lack of experience in the development of such programs. (These issues appear in the final section, titled: What Do We Need to Learn from Our Experiences and Research on Children 0 - 3?)

### **Strategies related to creating awareness/ assessing demand**

- Look for ways to raise awareness of the needs of the under-threes. Get enough information out about child development that people begin to demand the best for their children.
- Allow and promote informed choice for mothers about the amount of time they would spend before going back to work.

### **Strategies related to targeting**

- Examine the demand for services for the under-threes, and the nature of that demand.
- Pay attention to risk factors in parents as well as children (be sensitive to their social stature, self esteem, poverty level, etc.). Support parents as people.

### **Strategies related to approach**

- Focus on parents and family members to strengthen their ability to meet the needs of children through an empowering process.
- Respect and incorporate participants' and beneficiaries' knowledge, heritage, and practice at all times in all processes.
- Involve fathers in all aspects of care.
- Take the time to invest in quality through a series of 'successive approximations' — programming efforts that build on and improve upon earlier efforts.
- identify what people are doing now — where they are putting their energy in relation to their children.
- Rely on your intuition.
- Identify patterns — in children's behavior, and in the behavior of adults in relation to children.
- Allow the time needed for process, sometimes quality program development takes a generation.

### **Strategies related to content**

- In terms of program content, address the developmental needs of infants and toddlers, the parents, and the community. Base programs on a curriculum that will provide consistency and clarity to caregiving behaviors and appropriately support children's development.
- Create safe and supportive environments.
- Ensure that there is the opportunity for the infant to form an attachment with a caring adult. Promote bonding during the first weeks and months.
- Pay attention to the issue of language (including parent's language usage, caregivers' language usage, dominant vs. minority dialects, etc.) and raise awareness of the importance and ways of supporting language acquisition in children.
- Strengthen the interaction between infants/toddlers and other family members (siblings, extended family members).



- Recognize and respond to a child's individual abilities and needs.

#### **Strategies related to integration**

- Attend to the holistic needs of children through integrated programming (note: integration can happen through convergence, but it should avoid duplication and mixed messages).
- Carry out multi-sectoral planning between practitioners, policymakers and other stakeholders. Focus on integration on the ground. Pay attention to the practicalities of integrated programming (not just the philosophy of it). How will activities be timed? Who will do what when? What about training, vacations, use of space and materials, etc.?
- Develop communication systems among those who care for children.
- Find a common language (both in terms of the language and dialects used, and in terms of jargon and shared terms for key concepts).

#### **Strategies related to taking a systemic approach**

- Look for opportunities to link programs for children under three with existing programs (e.g. literacy programs); look for doorways to open existing services to infants or toddlers.
- Involve a range of institutions in the process.
- Look for ways to involve youth and siblings, promote youth participation in care for the youngest children; develop programs to prepare adolescents for parenting.
- Be sensitive to the transitions that children make during a day and over time and make an effort to support continuity in the lives of young children. Support children's and parents' transitions programmatically.

#### **Strategies related to determining effectiveness/impact**

- Define common goals and common criteria for achievement; determine what this means in terms of desired outcomes.

#### **Strategies related to personnel and training**

- Allow for creativity and flexibility in program implementation, give people opportunities to express themselves.
- Carry out continuous capacity development for staff and all support people, as well as for participants. Pay attention to possibilities to do capacity building at the organizational, local, national, and regional level to strengthen the infrastructures that can support programs and help to sustain them.
- Continue training for staff at all levels, building on natural communication patterns and strategies (e.g. open learning systems).
- In training, there is some unlearning to be done of old knowledge that is outdated. There is also new knowledge to introduce, but it is important to place enough emphasis on processes — model how we want program staff to behave within how we train and behave. Highlight



the many ways they can stop-look-listen, observe what's there, build on it, and then learn to do it.

- Allow participants time for personal growth.

#### **Strategies related to sharing and dissemination**

- Help parties involved articulate, describe, and document program process, identify lessons learned and formulate these for outsiders.
- Create opportunities to share what has been learned — engage in a reflective process.
- Use multiple channels to communicate messages and communicate to diverse audiences.

#### **Models of parent support and parent education**

Even with all its diversity much of the most inspiring of work with young children and primary school age children in "modern" approaches includes common key elements. There is an explicit emphasis on promoting self-esteem, co-operation, enthusiasm for learning, learning through doing, problem-solving and decision-making. If such approaches can be used in concert with some of the best of traditional methods (e.g. for teaching dance, music, craft skills, spiritual development) that have been such an important part of transmitting culture the result can be very powerful. After all one of the big questions for child development and education now in many parts of the world is how we can be developing ways to support children in gaining the skills they will need to deal with very rapidly changing societies without obliterating (indeed actively protecting) their cultural identities.

Arnold 1998, pg. 3

In most places there is a good deal of interweaving of traditional with modern, indigenous with imported, adaptive with dysfunctional. Listening to the different voices and taking account of the different perspectives in developing ECD programmes is an important part of working towards children being raised and educated in ways that enable them to function effectively as responsible citizens in a rapidly changing world as well as retaining a clear cultural identity and sense of values.

Arnold 1998, pg. 8

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#### **A note on the difference between parenting support and parent education**

**Parenting support** provides caregivers — parents and non-parental caregivers — with information on how to give children the kinds of parenting they require to maximize their potential — physically, socially, emotionally, intellectually, and spiritually. While parents are most often the recipients of a **parenting support** program, it is important to emphasize that parenting support may need to be offered in situations where parents are not present or available. In these situations support can be provided to siblings, extended family members, day care providers, institutional care providers, and even to community or religious organizations, if they are the ones taking responsibility for children who are not being adequately parented in their living situations.

**Parent education** is any training or learning activity provided for parents. While the content of the training may be on parenting (e.g. teaching mothers to understand their infant's development and respond appropriately; suggesting ways for fathers to become more active in the lives of their children, etc.), there can be a whole variety of course content. The content may be focused on providing parents with skills that, while not directly related to parenting, will enhance the parent's ability to parent. For example, parents may be given job skills training courses enabling them to earn more income, providing more resources that can be devoted to children's health and education. Thus *parenting* is only one category of content that can be taught in a parent education course.

There are a variety of ways of working with parents. No one single model is sufficient to meet the needs, goals and resources that exist in the Majority World. Strategies for working with parents have been categorized, depending on the type of parenting supports that are required.

1) *Where parents are present but need help to do their job more effectively*, strategies include:

- ◆ home visit programs;
- ◆ parent-to-parent skills-sharing programs;
- ◆ parent education classes offered through adult education, religious, civic, or community organizations;
- ◆ community service projects that include adult capacity-building activities;
- ◆ family therapy or group therapy for parents focused on learning problem-solving skills;
- ◆ radio programs and other public education initiatives;
- ◆ parent involvement components of early childhood programs that offer significant engagement for and with parents.

2) *Where the parents' ability to parent is disrupted by social conditions, including poverty, war, societal breakdown, or lack of personal resources and supports*, strategies include:

- ◆ multi-dimensional programs that help parents address their work and family needs (including micro-enterprise programs coupled with cooperative daycare and parenting education supports);
  - ◆ training for refugee camp workers and other emergency personnel about the ongoing developmental and parenting needs of children;
  - ◆ parenting programs integrated with food distribution or health services;
  - ◆ community development projects with quality childcare and parent involvement components.
- 3 *Where parents are absent or non-existent, and parenting is being undertaken to some degree by grandparents, other children, residential care facilities, etc., strategies include:*
- ◆ child-to-child programs that provide supports for children who mind other children;
  - ◆ mentoring and team-building among diverse caregivers and childminders in the child's life;
  - ◆ holistic early childhood care and development programs that provide high quality integrated care during a significant portion of the child's day;
  - ◆ training for caregivers in parenting skills;
  - ◆ public awareness campaigns and activation of social support groups such as religious or tribal groups on behalf of the under-parented children;
  - ◆ "big brother" and foster parenting programs.
- 4) *Where children are not being parented, and are fending for themselves alone or in groups, strategies include:*
- ◆ setting up group homes that are integrated with quality daycare/early childhood programs (and providing training in parenting to all staff);
  - ◆ training of older street children to "adopt" younger street children and build families;
  - ◆ provision of shelter, food and other necessities in settings where parental-style care is considered a necessity.

### ***Program Examples***

While there are some notable parent programs, within the broader scheme of early childhood programming, parenting support and education as an ECCD strategy is not nearly as well developed as programs directed toward children. Nonetheless, there are models which provide insights into how to work with parents. As the primary focus of this paper is on programs for parents with children in the birth to three years of age group, cases have been selected which are designed for this population. Some of the programs serve families with pre-school aged children as well.

The broad objective within parenting programs is to create awareness of the importance of the caregivers' role in relation to supporting children's growth and development, and to change and/or enhance caregivers' attitudes, beliefs and practices. Ultimately these programs empower caregivers in ways that will improve their care of and interaction with young children and enrich

the immediate environment within which children live.

Programs within a given category differ in terms of:

- ◆ *content.* The majority of parent programs for children 0-3 focus on children's survival, health, and nutrition, while increasingly there is a focus on care and stimulation. Extensive experience and research have demonstrated that feeding a poorly nourished child is necessary, but not sufficient, to optimize the child's development. Feeding and growth monitoring programs, while often meeting their important goal of child survival, have, by and large, not been able to protect poorly nourished children from long-term cognitive and behavioral deficits. However, when psychomotor stimulation components are added to existing growth monitoring programs, gains are made in developmental quotients. Because of the interactions between health, nutrition and stimulation, and the benefits of programs that address all three, we have included among the cases only those programs that appear to take an integrated, holistic approach. Single-focus programs (e.g. those that focus only on oral rehydration, or immunizations, food supplementation, etc.) without taking into consideration broader parenting supports have not been included.
- ◆ *mode of delivery.* Parents can be reached through various means. This can include one-on-one contact either in the home or clinic, or through a social service. There are also parent groups — both formal and informal; and there are programs which attempt to reach parents via mass media. The method of delivery is related to ease of access to parents and the content to be conveyed. For example, home visits are more common in stimulation programs but less common in growth monitoring projects, where parents are encouraged to bring their child to a clinic.
- ◆ *the immediacy of their effect on families.* Some projects will have a direct effect on children's lives while others tend to have an indirect effect on child development. An example of a direct effect project is one designed to teach parents how to use oral rehydration solutions. Successfully training mothers in oral rehydration therapy may decrease the number of children suffering from dehydration within a short time period. An example of an indirect effect project is adult literacy programs. Improving maternal literacy rates will improve the quality of life for families and children, but the positive effect on children's quality of life may not be detected for nearly a generation.

The case studies are presented alphabetically, by country, within the different delivery strategies:

- ◆ One-on-one parent support at a point of service delivery (e.g., at a health clinic)
- ◆ One-on one parent support in the home: Home Visiting
- ◆ Parent Groups — formal and nonformal
- ◆ Media/Distance Education
- ◆ Community Development.

Keep in mind, many projects mix several intervention strategies. Furthermore, in many cases parenting support and education strategies are integrated within other services, and thus, harder to identify independently. Other approaches to improving child survival and development include: working directly with health care and educational professionals; expanding social services to children and families; constructing new and/or improved facilities; improving working conditions (especially for women and mothers) and wages; and raising consciousness of the entire community through large-scale health/education campaigns (e.g. mass media announcements and (programming)).

### **One-on-One Parent Support at a Point of Service Delivery**

In developing programs for parents one-on-one programs at the point of service delivery are a low-cost alternative. They are built on an awareness that there are already people who have contact with parents. Rather than setting up an entirely new program, requiring new personnel, the idea is to take advantage of existing exchanges.

There are a wide variety of programs that take advantage of the fact that the mother brings the child to some service — primarily health related — providing an opportunity to pass information on to the mother. Generally these programs develop a set of messages that the service deliverer is to pass on to the mother during a health check-up or an immunization visit, or through contacts when the child is brought to and from a child care center, etc. Generally there is little control over when the mother/caregiver gets the message and there is little or no follow-up.

The examples cited below are illustrative of the kinds of contacts that can be made. In general this strategy is under-utilized. There are key child development messages that could be passed on to parents, particularly by those in the health sector who have the most contact with parents of the youngest children.

#### **Hungary**

***The Transition from Home to Day Care.*** Within Hungary there is a long tradition of children entering child care at a very early age. As a result the government has developed a process for working with the parent (primarily the mother) to introduce the child into the center. The process involves home visits by the child care provider, visits by the child to the center with the mother before the child enters the center on his/her own, discussions with the mother about the program and about what she wants for her child, and having the mother attend the center with the child for a few days before the child enters on his/her own. The process takes into account both the child's and the mother's separation issues and makes the transition from home to a care setting comfortable for all concerned.

#### **Indonesia**

The ***Posyandu*** Program (health services for mothers and children) provides health services as well as addresses the nutritional needs of young children. The target of Posyandu is mothers and children of 0 -5 years old; the priority is 0-3 year old children and pregnant women. The parents/mothers generally do not pay a fee for the services. The program was designed



specifically to meet the objectives of GOBI — growth monitoring (G); oral rehydration (O); breast feeding (B); and immunization (I) for the child — and the FFF goals for the mother — female education (F); additional food (F); and family planning (F).

Posyandu began as UPGK (Family Nutrition Improvement Programme) with a focus on growth monitoring and nutrition interventions. In the 1980s the program was expanded to include other mother and child interventions, including immunization, prenatal care and diarrhea control. At that point the program was renamed Posyandu (Integrated Service Post). Today Posyandu is a part of the community health system. It is operated by the community through community organizations (PKK — the Village Family Welfare Movement, and LKMD — the Village Development Committee). The actual service is offered by volunteers (Kaders) from the community, with support from government health and Family Planning staff. Families attend the Posyandu once a month.

The Posyandu program is designed as a 5 Table system. Table 1 is for registration, Table 2 is for weighing, Table 3 is for administration, Table 4 is for giving advice or information based on the result of weighing (recorded on an Indonesian growth chart), and Table 5 is for the Family Planning services. The KMS (Growth Chart or Road to Health) card, developed in Indonesia, is used to monitor children's growth.

Evaluations of the Posyandu have indicated that it is generally accepted as a community institution. While its primary function is to serve the health needs of young children and mothers, other social activities are sometimes offered through the Posyandu. (As stated by one of the providers, "When only weighing is offered, the services are boring".) At the present time the nutrition and health education, and family planning aspects of the program are the weakest. (Table 4 is used the least).

As of 1997, almost 340,000 villages in Indonesia are served by the Posyandu program. (Satoto 1997)

### **One-on One Parent Support in the Home: Home Visiting**

One of the most intensive ways to work with parents is through visits made to the home by a trained home visitor. This provides a one-on-one experience. Home visits help parents/caregivers to feel more at ease in expressing their views. A home visit addresses the issue of child care within the child's natural context and underscores the importance of the caregivers' role in supporting the child's development. Home visits are frequently used in situations where parents are isolated and unlikely to participate in a parent group or to avail themselves of services offered within the community (e.g., a health clinic). Home visiting has been used as a way of serving hard-to-reach families. The most common model is for the home visit to focus on the child's development and to discuss and demonstrate the ways the parents can promote that development, providing developmentally appropriate activities that parents can do with the child.

Home visitors are likely to be recruited from the population being served by the program. With appropriate support and training, they can provide very effective services that lead to both increased parental support of the child's development and the enhancement of the mother's self-concept.

Examples of home visiting programs include the following:

#### **Bolivia**

***El Centro Socio-Educativo***, Los Andes. Located in a very poor area, this project aims to improve the health and general development of children under 6 years of age. Funded by the Christian Children's Fund (CCF), a community service center was built instead of providing financial subsidies directly to families. The program includes adult education courses and offers medical and dental services. Child care was also provided. Eventually, interest in child care grew and a pre-school program evolved. In addition, the centers established a program in which a trained community volunteer visits homes of children (newborns to 3 years old) to advise parents on health, nutrition and child development. (Evans, 1995)

#### **Honduras**

***Guide Mothers***. This is a well-developed program sponsored by Christian Children's Fund, which has created both a home-based and center-based preschool program, with a process that is designed to help children make the transition easily from one setting to the other. Guide Mothers are local women trained to work with families in their homes and then to work with the children as they enter preschool. There is also a radio program associated with the effort that focuses on providing child development messages.

#### **Indonesia**

***Pandai Project***. The Pandai Project is an example of an integrated program that addresses health, nutrition and stimulation. Rather than adopting a Western model of intervention, the Pandai Project is based on a study of the caregiving correlates of optimal child development within villages in Central Java. (Satoto and Donohue-Colletta, 1989) Information on village childrearing was used to develop a home visiting curriculum with messages targeted at specific patterns of adaptive caregiver-child interaction.

In 1968, a research project on Indonesian childrearing practices pointed to a number of practices detrimental to health and/or development and identified some traditional practices that were positive and needed to be reinforced. Based on this research, the PANDAI project was established, complementing the BKB initiative described on page 45. (PANDAI is at once an acronym for words meaning child development and mother's care and an Indonesian word which means "clever" or "smart.").

The Pandai Project is characterized by a focus on the parent as the primary teacher of the child. The curriculum consists of a developmental checklist spanning years 1-4; 150 cartoon format activity cards; and supplemental materials (paper puzzles, matching games, wordless books showing village children in their daily activities); and a toy-making manual for use with groups

of parents. Activities have been developed from low-cost items available in any village or urban environment. Supportive materials are written at a 3<sup>rd</sup> grade literacy level, supplemented by cartoons and "wordless story books" for the illiterate.

Project families receive weekly home visits from a trained volunteer who teaches the mother how to teach her child a developmentally appropriate activity. Visits are made two times per week. (Satoto & Donohue-Colletta, 1989)

### **Israel**

*Al-Um Al-Dalil (Mother to Mother).* This home visiting program, operated by the Trust of Programs for Early Childhood, Family and Community Education, Ltd., was begun in the early 1980s. Within the program mothers are trained to provide home visits to other mothers. While originally the materials used in the program were translated from exiting English-language materials, over time the project developed its own curriculum, based on the experiences of those doing the home visits. Now the trained mothers are helping to rewrite the materials in partnership with professional project staff. They draw from their own experience and bring in examples from their work with other mothers. Through the material development and writing process they learn from one another. As a result the materials are more relevant, timely and understandable; they address issues mothers are dealing with in their immediate lives. The feedback from the visitors has also lead to the incorporation of fathers into the home visiting work.

There is a progression of women's involvement in the program. It is as follows:

Mother as trainee at home

Mother as trainee in a course on children's development

Mother as educational supervisor

Mother as trainee in a course of child health care

Mother as educational and health care adviser

Mother as participant in the planning process

Mother as partner in researching and writing.

After 14 years of operation the program now consists of three main elements:

- ◆ operating training courses for experienced mothers which are specially tailored to meet the specific needs of the families with whom they work;
- ◆ preparing written materials to be used as resources for both professionals and caregivers in their fields of education and health care; and
- ◆ maintaining the home visiting program. (Abu-Gosh and Nearoukh 1994)

## **Jamaica**

One of the first home visit experiments was conducted in Jamaica in 1971. (Koh, 1989) Families were visited by a trained nurse for an hour a week over eight months. Mothers were shown how to play and interact with their children in such a way as to promote good development. A toy and book were demonstrated to the mothers and left in the home every week, then rotated among participating families. When the children were evaluated and compared with a control group, developmental results for the visited children were found to be significant, but the cost of the intervention was judged to be too high.

A second experiment grew from a desire to see whether developmental gains made by children from very poor families while recovering from severe malnutrition could be sustained through home visits. Community health aides, who already regularly visited homes under the primary health care program, were given additional training. Children who were visited at home continued to show relative and gradual improvement for the year during which the visits were made and for a 24 month period thereafter. During a follow-up (less expensive) program, a developmental stimulation component was added to the usual health and nutritional home visits by community health aides who had been given additional training. A study of the alternative model suggested that home visits every two weeks were effective but became less effective when they were made only once a month. (Grantham-McGregor et al., 1997)

## **Jamaica**

***Childcare Promoters Program.*** This is a home visiting program aimed at families with infants through age 3 specifically, which is in the early stages of being developed. A pilot program was begun by the Jamaican government in 1997. It was set up with an obvious political agenda, using poverty eradication funds to facilitate recruitment, training and supervision of teams of four from selected very poor communities within each of the fifteen Kingston/St. Andrew political constituencies. The project involves the training of community-level home visitors in child care/stimulation messages.

An assessment carried out when the project was less than a year old (and without assurance of funding for even a second year) produced some initial impressions and identified many of the problems being faced. The questions raised by this program apply to home visiting programs in many parts of the world and are listed at the end of this section.

## **Korea**

The Republic of Korea has experimented with a home-based project in which disadvantaged under-three children and their mothers receive education in child stimulation and development by trained home visitors. The program includes physical and motor development, language and communication, social and emotional development, and creativity and problem-solving activities. (Koh, 1989)



## **Mexico**

***Community Educators Working with Parents.*** Mexico's Ministry of Education — in cooperation with UNESCO, UNDP, UNICEF and the World Bank — launched the five-year Initial Education Project to enhance the early experiences of its poorest children under the age of three. The project tries to reach urban marginal, rural, and indigenous communities, i.e. communities too poor to be able to afford to send their children to the formal pre-schools.

Community educators visit parents in their homes once a week, teaching them how to care for and stimulate their young children in order to promote the child's cognitive and psycho-social development. In addition, home visitors introduce a series of exercises for parents to use with their child. Community educators also organize group forums.

Community educators, the keystone of the project, are generally young parents or health care providers who live in the community. Their training consists of a two-week pre-service training course on the topics of child development, positive parenting practices, nutrition, basic health and hygiene, and family planning, plus monthly review sessions.

The project has provided jobs for 12,000 community educators, who receive a monthly stipend. Educators work with 20 families at a time. This group of 20 constitutes a "nucleus". Ten of these community nuclei make up one "module"; ten modules constitute a "zone". Supervision is provided at each level.

The coordination of health and education services has gone well, despite the fact that two different ministries oversee services, and that the original project did not include a health component. Community educators and local health committees frequently conduct joint meetings with community participants to discuss child care and development issues.

Responses to the project have been enthusiastic. Parents report that the training has changed some of their traditional attitudes about child rearing. In some areas the program is also changing ideas about gender roles in child rearing. In remote villages in Chiapas, for example, it is fathers who attend the training sessions.

## **Netherlands**

Parental education programs (i.e. home-based programs) grew in the Netherlands during the 1980s. The government emphasized "offering help [to families] as early, as little, and as close to home as possible". Through organizing courses and giving more information, the government hopes to teach parents and other health care workers to look at children diagnostically for developmental disorders. Beside the system for early detection, various versions of home training form an important new area of help available in the Netherlands. Home training is intended for children and parents from the ethnic minorities, as a support for cognitive development, and for parents of mentally retarded children and families confronted by problems.

The 'Spelvoorlichting aan huis' project ("Information on Games and Playing at Home") is directed toward fostering play in the homes of Turkish and Moroccan families. A semi-volunteer



visits the homes and plays with the children at their home. The objective is to make these children familiar with the games and toys used by most Dutch children that are important for cognitive development (e.g. building bricks, puzzles, books, and balls, etc.). The volunteer tries to involve mothers and other caregivers in the games. It has become apparent that Turkish and Moroccan parents will do a great deal to ensure that their children have better chances at school, and they value the contact with the (Dutch) volunteer. It is unclear whether this type of home-based program will have a positive effect on the children. (Woodill, 1989)

### Peru

A Home-based Initial Education Project known as **PRONOEI** was created in the late 1970s in Peru. The project, an adaptation of the Portage Model developed in the U.S.A., was begun on a pilot basis in 1977, in two urban settlements and four rural villages. The goal was to positively affect the child's development by providing parents with adequate childrearing and caretaking skills. Given that the families being served were living in poverty, the program tried not to create yet another demand on already scarce time and energy resources, but to enhance the quality of the interaction between child and parent in the time available. (Jesien, et al., 1979)

In the program, non-professional community women were trained to provide weekly home visits to the mother and child dyad. In Lima, the home visitors (*animadoras*) have an average of a tenth grade education; in the rural area *animadoras* have a fifth grade education. The home visitors were provided a total of four weeks of training in child development, teaching techniques and construction of educational materials. (Loftin, 1979)

The *animadora* worked with ten families on a weekly basis, and, with the aid of a supervisor, developed an individualized curriculum for children between the ages of 3 and 5, based on the child's developmental level. The *animadora* used a developmental profile with the child and mother. The profile provides the basis for determining the activities to be undertaken as well as the child's progress.

Research on the pilot project indicated that those children who participated in the program clearly gained from the experience. What was particularly important from the findings was the fact that children in the rural areas were at age-appropriate developmental levels at the end of the year; the children in the control group lost ground developmentally over the year. (Loftin, 1979)

### Sri Lanka

The **Home-Based Programme** developed in Sri Lanka resulted from two studies that were conducted in the late 1980s. One looked at the impact of preschool education on later learning. Not surprisingly, those who had some preschool experience did significantly better than those without preschool. Of concern was the fact that only 25% of the children have access to preschool. Thus there was a need to reach the other 75%.

A second study was conducted to look at the issue of school readiness. The results of the study indicated that 30% of urban and 60% of rural children were not ready for school. The study also revealed that there is a lack of awareness among parents of the importance of their role in

supporting the child's development, and there is a lack of a structure within which to deliver parent education. To do this, the home-based option was developed to strengthen parental skills in optimizing the home and the immediate environment as the primary source of learning and development before school age. The home-based program is designed to train parents to:

- be aware of developmental stages and recognize them;
- identify learning situations at home through daily activities;
- recognize the human and material resources in the home environment;
- stimulate children while attending to daily work;
- recognize the difference in children's development over time.

To develop the curriculum, visits were made to homes and observations made of the kinds of activities that adults and children were engaged in throughout the day. The researchers got parents to talk about their children, what they were like and what they could do. This stimulated parents to pay more attention to what their children were doing and got them involved in what their children could learn.

The resulting curriculum is based entirely on household activities. In the booklets provided for parents there are pictures of common activities and an explanation of what the child learns while undertaking a given task. It also suggests ways parents can stimulate problem-solving skills and encourage the use of language while involved in the tasks. For example, in relation to cooking and cleaning there is a discussion of the ways in which these activities stimulate the development of gross motor and fine motor skills.

The curriculum is also built on the use of real objects in real situations. For example, cooking involves the development of estimating skills — knowing how much rice to use to feed the family, pouring enough water in to cook the rice requires both estimation and eye/hand coordination skills, the tasks of preparing the rice for cooking — removing seeds, washing the rice, separating out bad kernels — all develop small motor skills and coordination. The same is true for other tasks as well — threading a needle is useful in the development of small-motor skills and eye-hand coordination, and (for example) children of car mechanics are encouraged to work along with their parents, while parents are given an explanation of what the child is learning through using these tools.

A series of 8 activity books has been created for the village group to share with parents. Since most parents can read and write, they are given the materials directly. Within each booklet there are several sub-topics, and within each of these areas there are six specific activities that can be undertaken with children. Some of the activities are for children under 3 and the others are for children over 3 years of age.

One of the most important impacts of the program is that it has stimulated adult-child interaction. Traditionally there is little communication between adults and children. The activities in the curriculum encourage and require adults to talk to children. This has been very positive in terms of children's language development and the strengthening of the bond between parents and their children.

The program is introduced in a village through the Village Committees. The work of the Village Committees is supported by Middle Level Officers, who in turn are supported by Divisional Secretariat and Divisional Planning and Education Officers. To begin the program, the Village Committee prepares a map of the community and identifies families with young children. The facilitators then go from house to house and invite parents to be a part of the program. Subsequently the facilitator either does home visits or works with the parents in a group. Once a month the facilitators get together to share experiences and do planning.

This program is excellent in its use of everyday activities to support all aspects of children's growth and development. The curriculum for the program is solidly grounded in everyday experience, and truly builds on the activities and culture that exists. (Evans 1996)

There have been some identifiable outcomes from this program that include:

- women are able to see changes in their daughters' lives
- women are empowered because their role as mother is being valued
- parents increased their amount of talking with children — before it was not understood that children benefitted from communication with adults
- women talked to other women for the first time and shared experiences (e.g. about family violence. (Arnold, 1998)

As with the other ECCD programming strategies, there are benefits and cautions related to home visiting programs. The benefits include the fact that in working with adults and family members, both caregivers and children can benefit from the program. Another major benefit is the fact that improvements in development are more likely to be sustained because activities that promote the child's development are part of the child's everyday life and not just provided for only a few hours a day. A third benefit is that broad coverage can be achieved at relatively low costs. In addition, when using a home visiting strategy, it is not necessary to set up separate programs for working with adults and siblings. There are likely to be activities that both parents and siblings are already engaged in, where child development information can be added to the content. This can happen within literacy programs, health center provision and women's groups, among other settings.

There are also some cautions that need to be considered. To be effective, the information provided to caregivers must be timely in relation to the child's developmental stage. In addition, the information provided should be culturally appropriate, built on current beliefs and practices, while adding to caregivers' knowledge. And finally, in terms of the transmission of the information, the teaching/learning process should be participatory, allowing for interpersonal exchange and mutual support.

The Jamaican experience described above illustrates the issues faced by most home visiting programs. They are as follows:

- it would be helpful to identify more clearly what qualities one seeks in home visitors (e.g., they like children and this can be observed in their interaction with children, they are respected in the community);
- in terms of impact it is apparent that the Promoters (those who work with the families) benefit the most from the program (they gain respect within the community and have expanded employment options);
- a positive outcome is that parents recognize that their children have abilities;
- there is a question about whether it is best to work with parents in their homes (on a one-on-one basis) or in groups where they can share experiences with other parents;
- home visiting once every two weeks does not appear to be enough, yet it is costly to implement a weekly home-visiting program;
- it is unclear what amount of training is required initially and over time to have adequately trained personnel.

The advantages and disadvantages of home visiting programs are summarized by Koh (1989) "Home visiting lends itself to direct and meaningful discussions of immediate and concrete problems, offers the opportunity to learn in context, allows demonstration and observation followed by practice and immediate feedback, and promotes free discussion of problems in privacy. The cost can be high, but it is still more economical than center-based programs. Home visitors need to be extraordinarily sensitive so as not to undermine the position of a parent or other authority figures in the home."

## Parent Groups

Parent groups function as a support to parents, families and children. They can be developed to stand on their own, or they may be offered in conjunction with other services. Furthermore, family support groups can be organized by the formal sector (e.g. by health clinics), or the informal sector (community groups, NGOs, churches, etc.) Not all parent support/education programs focus on children or child development. For example, population programs became popular in many developing societies in attempts to reduce fertility rates. Parent education classes were used as a means to inform parents on how to curtail their rates of reproduction. Parent groups can also be used to support empowerment and community mobilization.

*Formal parent education programs.* Generally, formal parent training projects use the didactic format where a specialist instructs family members how to provide for the young child's health, nutrition, cognitive, and/or psychosocial needs. Proponents state that parenting courses offer the best option for both raising the qualitative and educational level of the parents themselves. Parents attend organized lectures where information is given to them; there is little or no time for discussion and/or exchange among parents. China's parent schools best illustrate this form of parent education.

*Non-formal parent education programs.* These parent programs are offered by a range of agencies and organizations (NGOs, church groups, community development organizations).



They frequently have a set of modules that are provided as the basis for discussion, over the course of several months. Sometimes the content of the modules is derived from the parents themselves, based on what they say they want to discuss. The format involves both presentation of material and group discussion; it may also involve the setting of tasks for parents to undertake with their children between sessions.

Examples of both the more formal and the non-formal parent groups follow.

### **Bangladesh**

***Strengthening and Enhancing Parenting Skills.*** A set of facilitation guidelines has been produced by the Child Development Unit in Dhaka, Bangladesh to support parenting programs in both rural and urban areas. The training module contains fifteen sessions spread over nine units. The parents/caregivers meet in groups (20-22 members in a group). The Child Development Unit is a partnership between Save the Children (USA), a National NGO (Gono Shajjo Sangstha), Plan International and Phulki (an NGO focused on childcare for working women in urban areas).

The materials are the outcome of an intensive period of development over the last three years. The materials were originally conceived by Save the Children (USA) as a way to deliver the "Facts for Life" child development messages development in culturally appropriate ways. They incorporate many traditional religious stories (both Moslem and Hindu), rhymes, etc. Following extensive piloting and review the materials were re-worked extensively in order to:

- ◆ emphasize a very active participatory approach, drawing on caregivers' own experiences;
- ◆ recognize and respect what caregivers already know and do as well as identify problems they face;
- ◆ support them to effectively promote their children's development within the context of their everyday activities.

The materials are significant for a number of reasons but in particular because of the emphasis on confidence-building and existing strengths. As one participant said at the end of a session: "I never knew I was doing so much to help my daughter grow up strong and clever. Now I know I can really help her have chances I never had." However, this is often tempered with a wish that they had access to information earlier.... "I wish I'd known more about the way children are when they are very small....I could have done so much more." (Aktar 1998)

In Nasirnagar (Save the Children/USA's impact area) the participants of these sessions are the members of a group called the "Women Saving Group. "Twice a month these groups have sessions on "child rearing practices". The facilitators of these sessions are Save the Children's staff from that area. Save the Children's partner organizations are also implementing this program with their adult literacy group. Plan International intends to use this program with parents of children who are attending their pre-school centers.



An evaluation included interviews of participants and staff (the facilitator, program supervisor, and program developer). Data were gathered on participants' feelings and observations were made of sessions to determine the quality of participation. The results provided very positive and exciting feedback about the program. These included:

- ◆ Parents feel honored and important when they realize that cultural practices are really valuable in supporting children's development.
- ◆ Parents/caregivers enjoy themselves during the time they attend these sessions.
- ◆ Mothers feel the need to involve fathers in the sessions.
- ◆ Facilitators and other staff (those who received the training) acknowledge the importance of learning about traditional child-rearing practices.
- ◆ Staff realize that it is also important for them to develop parenting skills.
- ◆ The use of variety of participatory methods makes the sessions attractive and joyful and also elicits ideas from the participants. These techniques strengthen and enhance parents' existing knowledge and skills about child-rearing practices.

Very recently monitoring forms for facilitators and supervisors have been developed through the participation of facilitators, supervisors, ECD unit representatives and others. The use of these forms will give more systematic information about the impact of this program on parents/caregivers ways of child-rearing and children's overall development.

"Walking in to a session one could find a variety of activities going on. For example an intense discussion of the participants' own childhood experiences from which the facilitator helps them draw out a list of basic needs of children — a list which bears strong similarities to that in any psychology textbook, but is constructed from their own experiences. Or one could find them roaring with laughter as they invent multiple games to play with a heap of leaves or a pile of seeds. The telling time comes as one observes them with their young children listening to the way they now talk more with their children, see the value of their questions, and the usefulness of their children's play. It's too early to be certain of the program's impact, but the early signs are promising." (Arnold 1998)

## **Brazil**

**Child Life Span.** This project has been developed by Servico Social da Industria (SESI - Social Service of the Industry), a private social welfare organization founded and financed by branches of industry since 1948. SESI's services include family health care, cultural and artistic activities, sports, women's clubs and early childhood care. A total of half a million families are direct beneficiaries of these programs, served in 4,000 social centers in different regions of Brazil.

With funding from the Bernard van Leer Foundation, SESI developed a program specifically for parents of young children. The specific goals of the project set in 1996 are:

- ◆ to reach out to poor young children and their families through the setting up of Community Playgroups;

- ◆ to enhance young children's independence and self-esteem through a curriculum based on traditional games;
- ◆ to inform parents of the importance of mother-child attachment for toddlers' emotional development;
- ◆ to work with fathers on their parental roles, especially their impact on children's gender and social identity;
- ◆ to ensure future content sustainability through parental training and project documentation; and
- ◆ to test potential income-generating activities such as toy making.

The Child Life Span project is modular, meaning that there are different themes that will be developed through specific sub-programs. These include:

- ◆ The Children's Development Program (CDP) includes the creation of toys and games for children 0-6 to enhance their emotional and cognitive capacities. CDPs activities are combined with training for caregivers in relation to children's games and relevant early childhood issues. It also liaises with SESI's theater and art units.
- ◆ The Health and Nutritional Program (HNP) has as its main purpose informing parents about children's health care, breastfeeding, and nutrition.
- ◆ The Community Agents Program (CAP) trains selected parents in the areas of community development and management of community playgroups.
- ◆ The Documentation and Dissemination Program (DDP) is a strategy for documenting and disseminating information on the program.

## Chile

**Conozco a Su Hijo.** This non-conventional program model is directed toward improving the integrated development of children, ages 0 to 6, from low income families in rural areas. More specifically, the goal set in 1986 when the program began was to help mothers in their role as facilitators of the development of their children by providing them with techniques that would help to improve the quality of family life. A pilot project, building upon the results of prior diagnostic research in the field, was carried out in a southern region of Chile with a high poverty index, linked to a program of artisan workshops being carried out under the Program of Minimum Employment.

In this parental education model, women meet periodically in a group to discuss topics related to the upbringing of their children, guided by a local *monitora* who works strictly on a volunteer basis. *Monitoras* are trained and supervised by an *educador* who, by preference, is a qualified early childhood development professional. The method applied in the program (which is the same for monitors and educators) is active and participatory, with an emphasis on learning through play. Learning builds upon the experiences of the group, seeking a synthesis between technical content and experience. Accompanying materials include manuals for the educator and the monitor, a workbook for parents, a didactic poster, board games, and a book for children ages 4 to 6 that serves as a basis for weekly work by the children with the help of their parents.

An evaluation of the program showed positive effects on both children and mothers. Subsequently the model was extended (at the beginning of 1994) to cover approximately 3,800 children in 13 regions of the country. This is being done within the framework of a program being carried out with loan funds from the World Bank, dedicated to improving the quality and equity of education in Chile. (Bustos et al. 1994)

## **China**

**Parent Schools.** Traditionally, China has placed an emphasis on early childhood education and the importance of family education. However, in the early 1980s the conception of parent schools was formalized. These schools are popular out of concern about how to address the needs of children in the one-child family. Parent schools link school, family and community. Their fundamental task is to improve the educational level and qualifications of parents, and through parents, to promote literacy and the education of children. The schools help parents to understand their role as educators, to gain instructional skills, and to interact with their children with sensitivity and confidence. In 1995 there were 240,000 parent education schools across China.

There are four types of parent schools. They differ by the organizing unit: 1) Government schools or departments of education. These parent schools function as supplements to the children's schools and they are coordinated with the children's education; 2) Community based schools. These schools focus on improving the quality of parenting and the home environment. 3) Institutions for family education research. These parent schools focus on researching questions posed while parents educate their children. 4) Other social group schools. Examples of these parent schools are hospitals, pregnancy and childbirth schools, schools for prospective parents, and parenthood schools for couples with new-born babies and preschool children.

While these institutions take responsibility for organizing the programs, they are helped by the All-China Women's Federation (ACWF), which has taken the lead in mobilizing communities to establish the parent programs.

The All China Women's Federation has also taken the initiative in the development of educational content. This varies from place to place, based on local needs and resources. The topics and how they are treated are determined by the findings of an intersectoral group (health, nutrition, child development, education, others) brought together locally to examine existing research, identify local resources, and define needs of parents and children.

Instruction in the schools varies, but typically includes classroom teaching (e.g. regular classes and lectures), expert consultation, long-distance correspondence courses (e.g. radio, TV), and informal group discussions. Lectures are given by specialists or staff from the local institution. They provide up to eight sessions for parents over a term.

In support of, and sometimes in addition to, the local curriculum and materials, general materials related to child development are provided by the Women's Federation. Topics included in lectures and discussions vary according to the age of the parents' children (e.g. kindergarten

parents learn games for early intellectual development, high school parents focus on college entrance exams). Participants are given a parenting education certificate if they have participated in all or most of the meetings.

Current problems and shortcomings of parent schools in China include: 1) Uneven geographical distribution: most parent schools are concentrated in cities and urban areas; 2) Poor supervision and management: there are no unified standards, requirements or examinations to define competence of the teachers or course materials; 3) Not all sectors of the country are convinced that parent schools are important. Attempts are being made to address these issues.

The costs of mounting this program are primarily the cost of people's time, rather than monetary costs. Time is given by the ACWF members for organization, by local experts for diagnosis and presentations, and by participants who take the courses. All of these time contributions are voluntary. The monetary costs are restricted to developing and distributing materials. In brief, from the standpoint of the government, this is a very low-cost project. (Baolan & Xiaoping 1995)

### Colombia

**FAMI - Home-Based Programs.** FAMI is a program where mothers and children come together twice a week for activities, including health and nutrition check-ups and play. FAMI evolved from the national home-based program (*Hogares Comunitarios de Bienestar*) sponsored by Instituto Colombiano de Bienestar Familiar (ICBF).

In 1968 the Colombian Government established child care centers for needy children. However, these reached only 3% of those who could benefit from the centers. It was clearly too costly to create child care centers for all those in need. So, an alternative was developed. This was the home-based child care program (*Hogares Comunitarios de Bienestar*), where local women are trained and given support to provide care to children from their neighborhood. This program has taken hold and in 1997 this reached 48.5% of the neediest children 2-7 years of age. However, this did not meet the needs of children under the age of two. As a result FAMI was developed for families with children under the age of two, and consists of play groups and parent discussion. Such groups now take place in more than 16,000 homes. (Arango 1998)

### Columbia

In a marginal area of Bogota, Colombia, a parenting education program was set up as an alternative to home-visiting under the explicit assumption that such visits would undermine a mother's position and confidence within her own home. In this project, mothers (or principal caregivers) met once a week in a community center where they were provided with information about health, nutrition and psychosocial development. An innovative feature of this project, building on local practice, was the creation of a 'baby book' containing messages from the baby to the mother about developmental accomplishments and the need, at particular times, for health checkups, immunizations, etc. The book covers the first two years of a child's life and provides a personal record for the child, at the same time educating the care-givers and serving as a basis for discussion at meetings. (Koh, 1989)



## Costa Rica

**Regional health clinics (*Centros de Salud*)** offer prenatal instruction to expecting mothers (and fathers). Courses are advertised at each center and cover topics such as nutrition, preparation for birthing, and basic child care. Instruction is typically given by a nurse or nurse's aide. Subsequent courses have been added to some clinics which provide additional child development training to parents. (Stansbery 1995)

## India

**Integrated Child Development Services (ICDS).** In 1974 India adopted a National Policy for Children to ensure the delivery of comprehensive child development services to all children. One of the first targets for the effort were the poorest children found in urban slums and rural areas, particularly children in scheduled castes and tribes. Beginning in 1975 with 33 projects, Integrated Child Development Services (ICDS) grew to 2696 projects (more than 265,000 centers) in 1992, reaching about 16 million children under 6 years of age. The specific objectives of ICDS are to:

- lay the foundations for the psychological, physical, and social development of the child;
- improve the nutritional and health status of children, 0 to 6;
- reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- enhance the capability of mothers to look after the needs of the child.

All families in the area to be served are surveyed to identify the poorest families with children under 6 and/or where the woman is pregnant or lactating. Regular examinations are provided by Lady Health Visitors and Auxiliary Nurse Midwives. Children and pregnant women are immunized on a scheduled basis. Three hundred days a year food is distributed, the menu prepared in accordance with local foods and traditions. Families are encouraged to bring the children to the centers for regular feeding. Children's weight and height are monitored. Those with severe malnutrition are given additional food supplements, and acute cases are referred to medical services. One of the services offered is non-formal training in nutrition and health organized for mothers and pregnant women. These sessions are open to all women, aged 15-45, with priority given to pregnant and nursing women and women whose children suffer from repeated malnutrition.

The integrated package of ICDS services works through a network of *Anganwadi* (literally, courtyard) Centers, each run by an *Anganwadi Worker* (AW) and helper, usually selected from the local village. Responsibilities of the AW include: non-formal pre-school education, supplementary feeding, health and nutrition education, parenting education through home visiting, community support and participation, and primary maternal and child health referrals. (Hong, 1989; NIPCCD, 1992)

What is impressive about ICDS is that when it was conceived in 1974 there was a clear understanding of the importance of delivering comprehensive services to meet the multiple needs of young children. ICDS illustrates the power of political commitment to achieve significant

rates of coverage in an integrated program of attention to children ages 0 to 6, with important effects on health and education and at a reasonable cost.

Structurally the program has always included a focus on health, nutrition and education of the young child and the mother. While the program has certainly demonstrated positive benefits for both women and children, they are not of the magnitude that one would hope for. This is due primarily to the difficulty of assuring quality because of the scale on which the program has been implemented. It may also be due to not having addressed the need to phase in the diverse components of such a comprehensive mandate.

### **Indonesia**

***Bina Keluarga Balita - BKB.*** The BKB project began in 1982. Initiated by the Ministry for the Role of Women, BKB is currently managed by the National Family Planning Coordinating Board to facilitate wider implementation of the program throughout the country. The major objective of BKB was to create a low-cost model that would deliver child development information to mothers -- the first educators of the child -- to enhance their capacity to support the child's development. The main target of the BKB program is all mothers from low income groups in suburban or rural areas who have children below the age of six.

Specifically, the project is designed to provide parents with child development information and to encourage parental interaction with the child to stimulate the child's large and small motor activities, and cognitive, social, and emotional development, and to encourage parental supervision of the overall growth of the young child. The program has gone through several phases in terms of its support from government. With the assistance of UNICEF over the years the quality of the program has been upgraded, but it has yet to reach large numbers of people effectively.

BKB groups are formed at the village level, and have a maximum of 125 members. They are organized by the local branch of the women's organization (PKK), and are run by trained volunteers (Kader) selected by the Head of PKK from among its members. In implementing the program, mothers are divided into groups based on the age of their child, (i.e. a group for mothers with children from birth to one year of age, a group for mothers with children in the 1 to 2-year-old age range, etc.) During the sessions mothers learn about child development and how to use simple educational toys, language, songs, games and storytelling in their interaction with the child.

In 1991 the BKB project was launched as a national initiative by President Soeharto. By early 1993 BKB reached more than 40,000 villages. It is estimated that 2.7 million women are enrolled in BKB programs, with approximately 1.6 million women actually attending, constituting a third of all mothers with children under 5 years of age. (Evans 1997)

The KKA (Child Development Card) was created in the early 1990s as a tool for mothers to use to monitor the developmental achievements of the child. (It was developed to complement the KMS that was developed for the purposes of growth monitoring.) In 1997 3000-5000 villages

were using the KKA in conjunction with the BKB program. (Satoto 1997) In addition an infant calendar and under-five calendar have been developed as wall charts, to mark the milestones for infants' and young children's development.

### **Japan**

Under the supervision of the Ministry of Health and Welfare, every city must have a certain number of public health centers, child guidance centers and welfare office to offer direct support to parents in various ways. Child guidance centers provide assistance to parents incapable of caring for children for various reasons. The Ministry of Education Science and Culture is also involved in parental education. Under the auspices of a Board of Education, many communities give lectures on home education (usually once a week for one year). Through these, parents acquire a basic knowledge of child development and the role of home education. Cities may differ in services provided to parents, for example, in one city a specialist in home education is part of a consulting team that visits communities to talk with parents about child rearing and education. The service is also available by mail. The city also produces a series of television programs on home education. In addition, pediatricians are beginning to realize the importance of educating parents and have begun to have special office hours to provide consultation on child rearing. (Woodill, 1992)

### **Mexico**

*The Parent Education Project.* In 1982, a national program of non-formal education of parents and community members was launched by the Secretary of Public Education. The program is oriented toward low-income families with children ages 0 to 4 residing in poor rural and urban marginal communities. Its objective is to educate and to empower parents with information in order to improve their care of, and interaction with, their young children.

The Mexican program rests upon a system of successive training in which professionals contracted by the central government work together with state personnel to train supervisors who, in turn, train up to ten module supervisors, who then train and supervise up to 10 local promoters or community educators. The community educator works with groups of 20 parents, organizing a group orientation at the outset and 40 group meetings during the year during which parents discuss ideas presented in a Parents' Guide. Group meetings are backed by periodic home visits. Community educators are volunteers who live in the community and who are given a gratuity for their service.

On the average, this program has reached about 200,000 children each year through their parents. At present an expansion in the program is underway in which the goal is to reach 1,200,000 children in the 10 poorest states of Mexico. This is being done under a new administrative arrangement in which execution of the program has been transferred to the state level as part of a general decentralization process while supervision, coordination and technical support is provided from the National Council for Promoting Education (CONAFE). Because this effort to go to scale is only now getting underway, an evaluation of the enlarged program and its functioning has not been carried out. (Myers 1996)

## Nepal

**Save the Children (USA)** supports an integrated child development program in 5 districts in which the different elements — a parenting/caregiving program; community-based child development centers; child-to-child; and child clubs are closely interwoven and mutually reinforcing. The project is based on the concept that there is much to be gained by combining the best of both modern child-centered and traditional approaches. There is an emphasis on understanding the current child-rearing practices of the different ethnic groups. As a result of a reflective methodology that emphasizes a process-oriented, open-ended, approach that builds on the participants' own ideas and experience, the parenting materials are in the process of being reworked to incorporate what has been learned through work with the community. (Arnold 1998)

## Peru

**Children's Tapunacuy.** The focus of this project is to enhance the health and developmental status of young Quechua children (0-7) living in rural areas in the Department of Apurimac. Within the region there are already-established Mother's Clubs. One of the activities within the project, funded by the Bernard van Leer Foundation in 1996, is to train 32 volunteer mothers in basic health, nutrition and early childhood issues. These women will then work with the 16 Mother's Clubs. To support this work the project will produce 500 training guides and two videos in the Quechua language.

The trained volunteers will review the children's current status (health, nutrition, inter-family communication, traditional children's games and toys), covering the 741 families in the region. The results of the review will be discussed with the Mothers' Clubs. They will also set up children's playgroups for about 600 children. These are to be managed by the trained mothers.

The playgroups will include traditional games and play activities to address the enhancement of children's self-esteem and to stimulate parental involvement with the project. The Mothers' Clubs will organize two *Yunzas* (traditional Quechua celebrations) in each community, which will focus on the relevance of children's leisure for their emotional well-being.

The project staff also plan to manage a revolving fund and provide technical support for the setting up of 40 community gardens, complemented by 16 training courses on child nutrition (with special emphasis on goitre prevention). The Mothers' Clubs will receive training on management and content issues of child-related projects, and will also be stimulated to set up local health committees.

## Philippines

The Philippines has a long history of parenting programs. (Angeles-Bautista 1996 ) Among the early programs that were specifically addressed to parents on a large scale through government-assisted programs were health and nutrition classes for mothers conducted through the Rural Improvement Clubs (organized in 1934). The Bureau of Agricultural Extension (BAEx) under the then Department of Agriculture sent extension workers to rural areas to work with families of farmers. The Home Economics Division of the BAEx coordinated the classes



for mothers which covered home management, nutrition and child development. In the 1970s up to the early 1980s extension workers also conducted health and nutrition classes for mothers in the rural areas.

The Department of Health has been offering mothers' classes through *barangay* (village) health posts and *barangay* nutrition scholars or health workers. These classes provide women with basic information on nutrition, child care, and management of common illnesses.

Within the First Country Program of Cooperation (CPC) between UNICEF and the Government of the Philippines from 1979 up to 1983, the ***Under-Six Clinic Programme*** concentrated on the training of doctors and midwives at the national and regional levels. This was part of the broader WHO-UNICEF effort to assist in building and strengthening the infrastructure for immunization at the national levels. In CPC II, from 1984-1988, training programs were addressed to midwives and mothers. Training modules for mothers were developed and midwives provided with supervisory training to help them sustain the participation of mothers in the Under-Six clinics. In 1986, training for mothers in especially depressed and neglected provinces was undertaken. Logistical support and supplies such as micro-nutrients, growth charts and weighing scales were also provided.

Another effort to reach out to large numbers of Filipino parents was through the ***Mental Feeding Program*** which was initiated by the Nutrition Center of the Philippines in 1976. There were three major components within the Mental Feeding Program: service, research and training. The service component started with a program for parents and children through the Health Centers which were set up and operated by the Department of Health. Then the program was expanded to include an inter-agency effort which involved the Department of Social Welfare and Development, the Department of Education, the Department of Health, the Bureau of Agricultural Extension, the Child Development Center of the University of the Philippines. Among the programs were services for children confined to malnutrition wards of government hospitals. Parents of the malnourished children in the hospitals were taught about health and nutrition. They learned to provide their children with stimulating play activities to assist the treatment and recovery process while the children were in the hospitals. The Mental Feeding Program also developed brochures and books for parents, particularly parents of infants and very young children.

A relatively recent development in parenting programs in the Philippines is the ***Parent Effectiveness Service (PES)***. While there is formal content to this parent education program, it is delivered through trained peers, and there is opportunity to add more individual content.

"Parent Effectiveness Service is the provision and expansion of knowledge and skills of parents and others involved in child caring on early childhood development, health care, behavior management, husband and wife relationships, and parenting rights and duties. It assists parents and parent substitutes to develop and strengthen their knowledge and skills so they can assume the major educational goal in their child's development." (A Handbook on Parent Effectiveness Service, 1991, DSWD)

The lack of parental knowledge about proper child care has been identified as a major contributing factor to poor health, nutrition, and developmental status of children in the Philippines UNICEF-GOP Program of Cooperation. A basic premise of the PES is that by reaching parents their children are also reached.

In 1978, PES was developed within the Social Welfare Project of the Department of Social Welfare and Development (DSWD). Parent congresses were organized at the municipal, regional and national level with representatives from these neighborhood parent assemblies as participants. Parental needs in terms of parent education were also assessed through village-level consultations and these parent congresses. A parent education program was designed and pilot tested. Since 1979, the PES has been the main component of the home-based early childhood care and development (ECCD) program that primarily addresses the needs of 0-3 years olds who are not served by the center-based programs such as the day care service.

A manual for operations to guide social workers in implementing the parent education program was developed. The manual prescribed the content and methods for the parent education program.

From its modest beginnings, the PES has grown considerably. Within two years, PES was implemented in 120 municipalities in 14 regions of the country. In 1991, 143,000 parents were served. In 1992, 160,000 parents in 1,500 municipalities throughout 14 regions of the country were reached. A total of 192,146 children were reported to be reached through the program by 1992. (Angeles-Bautista 1996)

The PES program has several components:

- *Group sessions.* The primary means for reaching parents is the neighborhood parent effectiveness assembly (NPEA). This is a group of 10-20 parents who get together weekly to discuss common problems and their solutions in order to improve their home and neighborhood environment. A trained ECCD worker (from the local government unit) previously identifies couples of reproductive age and/or couples and caregivers with children aged 0-6 who need knowledge, attitudes and skills on parenting. Lead couples for each group session are identified ahead of time and take charge of reminding other participating parents about the scheduled session and preparing the venue for the meeting. They also arrange for volunteers to take care of their children while they have their group session.

- *Home Visits and Home Training.* The "Home Training" component of PES provides individualized parent effectiveness training when some parents are unable to attend the neighborhood parent effectiveness assemblies or participate in the day care service parents' groups. The field worker or volunteer from the community conducts the individual home training. In addition, home visits are conducted at several stages of implementation of the PES: at the initial stage to establish rapport with the family; after the organizational meeting; between group sessions to follow-up plans made and reinforce concepts discussed; and to deepen rapport

with the family. Field workers and volunteers are required to accomplish a form to document the results of the home visits after the sessions. The forms are used to record parent feedback on family activities.

- *Radio*. A new component of the Parent Effectiveness Service is "ECCD on-the-air" for national broadcast, created in 1992. ECCD on-the-air involves the production of radio programs for parents covering the topics within the PES curriculum. The program consists of drama, songs and a talk show. When the programs are broadcast, parents who are enrolled in the program are provided with lesson sheets and assignments to apply at home. PES workers/volunteers each monitor the participation of 20 parents/caregivers. A certificate of attendance is given to parents who complete the thirteen sessions which comprise one module. Considering the popularity and wide reach of radio - 80% of Filipino households including far-flung rural areas - this is a cost-effective way of disseminating information. Combined with the NPEA and home visits, the use of a broadcast medium is a promising direction for the expansion of PES.

A second radio program was created in 1994 - *The Filipino Family on the Air*. This is a more informal program with a 30 minute magazine format. Thirteen episodes have been created, with a second set of 13 being developed, using the Convention on the Rights of the Child as the framework.

The strengths of PES are the fact that the curriculum provides comprehensive content (health, nutrition, parenting, family life, stimulation); a good network of parents has been developed and it is able to reach rural populations. Areas that need to be strengthened include the fact that too much of the content is prescribed; there needs to be room for more local adaptation. Parents are not actively involved in setting the agenda and there are poor monitoring mechanisms to ensure quality. Nonetheless, this is a very well developed model. (Angles-Bautista 1996)

### **Sudan**

The *Rural Extension program at Ahfad University for Women* brings women in and sends staff out to villages to teach early childhood education and parental involvement. In the Sudan, child rearing responsibilities are left to the families. However, there are no parent education programs or supports for them. Even in radio and television programs directed toward family matters, issues related to the education of children are virtually ignored. These programs usually concentrate on health issues. However, in many parts of the Sudan parental involvement is encouraged in promoting the development of young children. Parents participate in the construction of new primary kindergartens included and to the core curriculum. In addition, the Ministry of Education regularly brings rural women into regional training institutes to inform them of child development. (Woodill, 1992)

Ahfad University for Women (AUW) is one of the few institutions addressing parental needs. AUW incorporates parental involvement concepts in its early childhood education program and focuses research on the issue. One notable study conducted at AUW found that children in families who receive parent education (i.e. received information and demonstrations on early stimulation activities) show significant gains in development over children in families who do

not receive parent education intervention (Grotberg and Badri 1986).

### **Media/ Distance Education**

This category includes projects geared toward the broader community that use large scale media campaigns. Examples include publishing magazines, books, articles, pamphlets or production of television and radio programs directed toward parents or to those who train parents. Any program which uses distal education is included in this category.

#### **Chile**

The *Programa de Padres y Hijos (PPH)* in Chile works with parent groups in poor communities. It combines distance education with a system of local promoters. While the ultimate goal is to support the personal growth of the adults and the overall development of the community, the organizers begin with child care issues since these are primary for many parents.

The program was begun in 1979 by the Centro de Investigaciones y Desarrollo de la Educacion (CIDE), a private research and development center. They began by working with 50 groups of 20 families in Osorno in southern Chile. Later an additional 18 groups were established in Santiago. They worked with a local radio station to focus families' attention on their children.

Weekly meetings are organized in participating rural communities in the Osorno area of Southern Chile (originally 50 communities, now approximately 200). The meetings are timed to coincide with a radio broadcast over a local radio station which uses radio dramas and other devices to pose a problem and to stimulate discussion. Following the broadcast, a discussion is led by a local promoter.

Discussions at the meetings centered originally around different aspects of the upbringing of children. Topics include how to help children learn to talk, to read, and to count; human relations in the family; nutrition and how to make the best use of food supplies; food preservation; alcohol abuse. These topics have broadened to include questions related directly to earning a livelihood. Materials related to each theme supplement the radio presentation of the problem. The discussions, which are led by a local "promoter" chosen by the community, lead to suggestions and plans for community action in the various areas, and parents then talk about activities they can do during the week. A toy library was also created, making toys available to families. Parents can take them home for the week, or use them as models and make their own.

Within the project, the child development goal is also promoted through preschool exercises for children in the form of worksheets. These worksheets are designed to enhance perception, thinking skills, use of symbols, creativity, curiosity, and the motivation to learn. Parents go over the materials in their meeting, then take them home for the children who, sometimes with the help of the adults, complete the worksheets to be taken back to the next weekly meeting. The success of the PPH program is due as much to the relationships among people in the community as to the direct effect on the child. The leader guides the discussion, focusing on what the pictures show, what the child is doing developmentally, and what the parent can do to support



the child's learning in that situation. Parents then talk about things they can do with the child during the week.

An evaluation of the program has shown positive effects on the children, on their parents, and on the community at large. (Richards 1985) Children (program and non-program) were rated by teachers in terms of their readiness for school. Children whose parents were in the program were rated higher. On the WISP (a Chilean version of the Weschler scale), over a four-month period of time, the PPH children improved 6.2 points compared to an increase of 3.4 points by the non-PPH children. (Myers and Hertenberg, 1987, pg. 84) Changes in the adults were evidenced by different attitudes and actions in terms of the way they talked about the project, reached agreements, and acted on decisions. "The basic change identified was from apathy to participation in constructive activities as a sense of self-worth was strengthened." (Myers & Hertenberg, 1987, pg. 84)

The cost per child per month of the program was calculated at US \$6.38. A high quality kindergarten was six times that amount, and the cost of a low-quality day-care center was double the amount. A minimum wage was five times the monthly cost. If calculation is made on a per-person basis (i.e., to include family members as well as the child), the cost amounts to US \$1.62 per person per month. These costs do not include time donated by the community. In brief, community participation brought both benefits and lowered costs. (Consultative Group, 1993)

### Germany

*Elternbriefe*. While other projects from industrialized countries have not been included in this review, this *Elternbriefe* project is included because it is directed toward Turkish migrant workers living in Germany. The general aim of the effort is to field-test and evaluate a variety of approaches and tools to reach and support Turkish parents in their child-rearing and educational tasks. Among the specific objectives of the project funded in 1995 by the Bernard van Leer Foundation was to:

- ◆ sensitize Turkish migrant parents about child development and childrearing issues by using audio-visual means such as television and radio programs, and newspaper articles;
- ◆ produce three bilingual *Elternbriefe* for young Turkish parents and distribute them in four to five selected pilot areas;
- ◆ create community resources for Turkish parents by enhancing cooperation among, and networking with, Turkish educational associations, organizations of Turkish professionals, German statutory services and Turkish-German associations; and
- ◆ set up a formative evaluation process to inform program decisions beyond this phase.

The first video will provide practical information for parents on such issues as nutrition, sleeping habits, physical well-being of the baby and post-natal health care. The second will deal with such themes as language development and toilet training, while emphasizing that each child has his/her own rhythm. The third will address issues of bonding, attachment, independence, gender-specific education and relation to siblings. While some of the same characters will appear in each segment, which it is hoped will create an identification with the figures, new characters

will be introduced to take into account the heterogeneity of the Turkish community in Germany.

### **India**

**Fountain of Youth.** This project is designed to develop the creativity, self-reliance and self-esteem of children through working with the people closest to them. The focus is on the interaction between caregivers and children. Specifically project goals include:

- ◆ to initiate a process of more interaction between parents and children;
- ◆ to support parents in their task as educators;
- ◆ to playfully stimulate the curiosity and initiative of children as a lifelong basis for learning;
- ◆ to build self-confidence, individual and community skills in parents;
- ◆ to improve access to and use of social and health services for children;
- ◆ to develop locally-based resources to support families with young children.

As proposed in 1997, observations will be made to determine the extent of cognitive and emotional caregiver/child interaction. From this the project will "identify the shortcomings and gaps in stimulating children", and then determine the contents of a training program to reinforce the psycho-social environment for both parents and children. The project will then create a video of parent/child interaction from which learning materials and a training curriculum will be developed. A series of still shots will be made to alert parents and child care workers to existing practice and to highlight good examples of emotional and psychological support for children. Children's materials will be developed, and toys will be created by local artisans, made from inexpensive materials.

The project will be evaluated through audio-visual techniques, the application of locally adapted normative tests and professional assessment of outcome. (Bernard van Leer Foundation 1997)

### **Iran**

Four kinds of parent education programs exist in Iran. The first approach that is most likely to provide information to support parents with young children are the radio and TV programs that supply information to parents in subjects relating to child rearing (e.g. child psychology, educational psychology). The second approach is offered through schools that hold monthly meetings, arranged by the school principal, in which parents receive lectures from child development specialists. Third is through the Parent-Teacher Association (PTA) of the Islamic Republic of Iran (affiliated with the Ministry of Education), which offers programs to support parents, including an annual week-long seminar on topics related to children and education. In recent years, the PTA has organized formal classes for parents given by university professors. These semester-long classes teach subjects relating to childhood and education. A parent education certificate is presented to those who successfully pass an examination. The fourth program is the Islamic Free University of Iran which has some educational programs for parents. (Woodill, 1992)

### **Philippines**

See the description of the radio component within the *Parent Effectiveness Services (PES)* program described above.

## Russia

**Use of the Media.** The kindergartens help young parents rear their children by providing them with pedagogical advice. TV and radio broadcast programs, with specialists in education, psychology, medicine and law, are used to stimulate parental discussion. In addition, there are several published books, booklets and magazines that offer advice to parents concerning child development. However, in general, the effect of parent education has been minimal. (Woodill 1992)

## Thailand

***Integrated Nutrition and Community Development Project.*** This project was begun by the Ministry of Health in Thailand, which conducted studies to understand why there was such a high incidence of protein energy malnutrition (PEM) within the country. They identified what they perceived to be three major constraints to significant reduction in the level of PEM in infants and preschool children: 1) a health system that did not reach those most at risk; 2) a lack of community awareness about malnutrition and its impact on children's growth and development; and 3) the fact that nutrition was being viewed as a health problem only — there was a lack of multi-sectoral input into the program.

Taking these constraints into consideration, the government, in 1979, launched an integrated community-based primary health care project that included supplemental feeding, growth monitoring and parental nutrition education, all within a national plan for poverty alleviation. Within this broad framework, the Institute of Nutrition at Mahidol University carried out a nutrition education project that was directed toward families with the most vulnerable infants and pre-schoolers. What is unique about the project is that the nutrition education included a psychosocial component focusing on caregiver-child interactions and on improvements in the physical and social environment surrounding the child.

As a basis for the project, childrearing attitudes and practices were studied to know what mothers were currently doing and to determine how that might affect children's nutritional status. Through the studies a number of nutritional and social taboos were discovered that were not beneficial to the child. For instance, there was a belief that colostrum was bad for the infant and that newborns were incapable of sucking. This meant that breastfeeding was not begun immediately following birth. It was delayed, with the consequence that many mothers found it difficult to breastfeed and quickly turned to bottle feeding. Children were not receiving the nutrition which breastfeeding provides. It was also discovered that mothers believed that the normal tongue-thrusting activity of infants signaled that the infant was no longer hungry. Because of this belief, many infants were chronically underfed.

Another important belief that needed to be addressed was that few mothers knew that at birth infants were capable of seeing and hearing. As a result, mothers did not interact with their infants and they were left for hours in hammocks that essentially blocked them from seeing anything in their environment. Related to this was the mother's lack of awareness of her own capacity to make a difference in the child's development. Mothers had little understanding of

how they could make use of existing resources to create a more nurturing environment for the child and how important it was for them to interact with the child.

With these practices in mind, a series of **interactive videos** was created. One was specifically oriented toward child development, aimed at creating maternal awareness of her child as an individual with early perceptual ability, and the importance of play and of mother-child interaction in that play and in supplementary feeding. A second video compared two 15-month old boys, one malnourished, the other normal. The video identified differences in the mother's behavior (her feeding and caring practices) in each scenario, as well as differences in the food provided to the child. Health communicators in each village, who served as distributors of supplementary food, were trained in the use of the videos which were presented as often as needed in each village.

An evaluation of the project was conducted to assess the impact of the project on children's nutrition. As a result of the project fewer children suffered PEM. On the basis of interviews with mothers of under-two children, and of observations in the home, evaluators of the project concluded that changes in the mothers' beliefs and behaviors were critical variables in improving children's nutritional status.

Those involved concluded that videos are a powerful technique when working with illiterate adults. The visual images provided through the videos stimulated discussion and presented mothers with models of behavior which they could imitate. When observers went to the villages they noted more adult-child interaction, more open cradles, and more colostrum was being given. The results suggest that a focus on the psycho-social components of feeding (i.e. care) can make a significant difference in children's nutritional status. (Kotchabhakdi, 1988)

### **Tunisia**

Between 1975 and 1978, Tunisia's National Institute of Nutrition (NIN), along with USAID, designed the **Nutrition Advertising Campaign** to focus parental attention to deficiencies in childrearing practices. Specifically, the project sponsors were concerned with child rearing practices which kept babies swaddled and unexposed to sunlight, infants given little nutritional supplement to breast milk and young children not fed protein-rich foods. The project used brief radio messages to broadcast information to parents about nutrition and developmental needs. A result of this project was the adoption of mass media as an ongoing nutrition education strategy.

### **Venezuela**

**Proyecto Familia.** Begun in 1980, Proyecto Familia was intended to promote the intellectual development of children from birth to six years of age by providing informal education to mothers, both through direct contact and through the mass media. In urban Venezuela, television is said to reach 96 percent of the population; in most rural areas, radio reaches more than 80 percent. To take advantage of this coverage and the existing communications infrastructure, Proyecto Familia produced an impressive number of television and radio programs and spots as well as slide presentations and films.



This creative effort was put into effect with strong political backing and produced some excellent materials, but an evaluation in 1984 concluded that, overall, the effort constituted "a promise yet to be fulfilled" (UNICEF, 1985). The attainment of project goals was limited by the fact that the mass media were not linked to a system of inter-personal contacts. In urban areas, television viewers were able to identify the name of the project but there was no evidence that the approach had changed practices. After an initial run, it became difficult to convince commercial television stations that the messages should continue to be shown. In rural areas, however, there seemed to be somewhat better success. Radio messages were better accepted by local stations in search of program material and were broadcast more often. The messages were also partially linked to a system of interpersonal communication involving both rural extension workers and health personnel in primary health care centers. (Koh, 1989)

In summary, we have not yet begun to reap the benefits of mass media. Yet there are cautions. Koh (1989) reviews mass media as a strategy for delivering a message. The author concludes that experience suggests that parental education approached exclusively through mass media campaigns is unlikely to have much effect. Changes in attitudes and practices tend to require interpersonal communication to reinforce messages provided through the media. "Interpersonal exchange helps interpretation and understanding of messages and provides group support and reinforcement to change practices and attitudes." One related finding is that mass media projects work best when broadcast programs are heard/viewed by a group and then discussed together. The interpersonal communication fosters both understanding and action.

### **Parent Support and Development**

As noted earlier, a distinction was made between parenting education (providing information and supports to parents in their parenting role) and parent education (general education for the parent to enhance the parent's development). There are a number of ways that parent education can be accomplished (through the development of literacy and micro-enterprise projects, and national policy and regulations, for example). We have included a few examples.

### **Training Parents as Service Providers**

In many programs parents are trained to provide the service to peers in their community. While this allows the service to be delivered it also provides additional education (and sometimes remuneration) to the women providing the service. It enhances their position in the community and helps develop self-esteem.

### **Brazil**

***Rural Toddlers.*** This project was established in 1996 as part of a larger community development effort, with funding from the Bernard van Leer Foundation. The project is designed to address the needs of poor mothers and their children in the rural area of Paripuera, in the municipality of Beberibe, State of Ceara. Before the project began there was a survey of all families with children aged 0-3 and of the whole community, through participatory observations and home visits.

One aspect of the project was the training of mothers and community leaders in a learning through play curriculum for children from birth to three years of age that was built on an understanding of the kinds of activities and interactions that foster resilience in children. The topics covered in the training provided for mothers and fathers were: ECD, community psychology, children's and parents' resilience, the production of toys, library activities involving toys and pedagogical games. In addition to the program for toddlers there is a mother's healing group and experimental income-generating activities. There is also a radio program every two weeks that discusses the project's progress so that other rural areas can learn about the program, including information on income-generating activities (cultivation and processing of fruit, artisanal crafts).

### **Cambodia**

***Nonformal Maternal and Child Health Project.*** This World Education project aimed to increase preventative health education by increasing the role of women and families in primary health care. World Education trained trainers from Cambodia to work with local villagers. The training of villagers involved participatory, non-formal education which values the capacities of individuals to grow, to learn, and to contribute responsibly. Mothers were especially targeted in this project. Participants received lessons on personal hygiene, birth spacing, feeding practices during childhood diarrhea, immunizations and prevention of malaria.

The project's follow-up evaluation showed changes in the villagers' knowledge, attitudes and practices of health education. Responses to questions indicated that project participants were more likely to adopt better health practices or to know about better health practices. (Holcombe, 1996).

### **Parental Literacy**

Different from parent schools, where the core of the curriculum is directed toward children, this category includes adult education classes which are more focused on general literacy skills. The underlying notion, however, is that by educating the adults, the quality of life for children and families will be improved. The effects on children and families is indirect in these adult literacy projects. Furthermore, any demonstrable effect on the lives of children and families may be slow to appear. However, adult literacy programs can become partners in getting messages to parents. The content for literacy programs can be used as a vehicle in the dissemination of child development information.

### **Nepal**

Begun in October 1991, the ***Health Education and Adult Literacy (HEAL)*** project is a pilot project funded by USAID and implemented by two U.S.-based NGOs, John Snow, Inc. and World Education. The goal of the project is to increase the literacy skills and health knowledge of female Community Health Volunteers and mothers in one district of Nepal. Over the course of the two-year pilot, 77 literacy classes were started in areas surrounding three health posts.

The literacy course itself has three phases. The first phase is a six-month basic literacy course. The materials consist of drawings which depict native village situations. The content of the lessons relates directly to the situation in which learners live, and provides opportunities for reflecting on basic information presented about such topics as health, conservation, family planning, agriculture, and social problems. The instructional strategy is participatory and hands-on, helping learners to learn from one another.

The second phase is a three-month post-literacy course based entirely on health topics, including AIDS, nutrition, first aid, family planning and sanitation. The post-literacy classes meet three times a week for two hours.

The third phase is a twelve-month continuing education phase during which the Community Health Volunteer and the Mothers' Group members meet once a month to read new health-related literacy materials and discuss the topics presented. The CHV runs these monthly meetings using the materials as a starting point for discussion, health education, and hopefully, action to improve the health for women and their families. (Shrestha, 1996).

### **Parent (Women) Empowerment**

Addressing the needs of women as women, and not just as mothers, is another approach that has been taken. Sometimes these programs begin by addressing the needs of women as mothers, and then expands into other topics. Another approach is to begin with a micro-enterprise project which focuses on providing women with the knowledge and skills to increase their earnings. Frequently these develop a component that addresses the needs of women as mothers — through the provision of child care so that women can engage in the new work and/or through classes which provide an opportunity for discussion of childrearing issues. A few examples follow.

#### **Nazareth**

*Al-Tufala* began as an early childhood program but now also focuses on the empowerment of women. Training focuses on women's personal development (self-esteem, self image), the development of a sense of their heritage (identifying with and preserving their heritage while living within a Zionist state), and their development as women (in terms of leadership, management and networking). In each discussion (training session) they begin with the women themselves and then draw lessons. When helping women see they know a lot, for example, they ask women at what age you would begin to play peek-a-boo with a child. Women know when it would be too early to try to do that. The group then discusses why and what it means developmentally when a child is able to play that game. In teaching women to support children's drawing, they have the women draw themselves, so they can base their work with children on their own experiences. This is true of all the qualities they wish to foster in children; they begin with the mothers' own experiences (or need for such experiences). Within the program they have created a tape of songs (using traditional tunes with new messages) and games. They have also created a baby book that is presented from the child's perspective. (Espanioly 1998)

## Nepal

**Project Entry Point.** Project Entry Point is unusual in its joint attention to the child care needs of working women (families) and the developmental needs of young children (Arnold, 1992). The setting for the project is rural Nepal where more than 42 percent of the population is estimated to live below the poverty line and where the infant mortality rate is above the national average of 119 per 1000. Women play a major economic role in the sustenance of the family farm which produces approximately 80 percent of the families average annual income. They are also engaged in a range of informal income generating activities.

Recognizing the women's economic role and their need for credit, the government initiated a program of Production Credit for Rural Women. The goal of the credit scheme was to support activities that would simultaneously generate income and improve conditions in the community, including levels of health, nutrition, and literacy. As the project took shape; it became clear that working women (because society continued to assign them responsibility for the upbringing of children) needed an alternative arrangement for child care. Project Entry Point was born, both to free women's time for economic activities and to improve the well-being of their children.

To obtain and guarantee repayment of credit, the credit program asked that the women organize themselves into small groups of five or six. These groups of women also became the unit for organizing day care. Within the group women agree to share responsibility for taking care of their children between the ages of 1 to 3 in their homes, and on a rotating basis, each woman taking the children in her home for one day of each week. In 1989, approximately 54 groups of mothers in 11 districts were in operation, and an estimated 1,700 children participating in the home day care arrangements.

All women in the group receive an intensive 4-day training course at the village level. Each group is provided with a basic kit of materials. Since the majority of the women are illiterate, pictures of different activities are used in the curriculum and training that has been provided by an innovative Nepalese NGO.

A pressing demand for training — beyond the capacity to meet the demand — suggests the project is successful because others also want to start similar programs. A variety of factors seem to contribute to this success including the power of group support, a decentralized planning process involving community definition of needs, a comprehensive curriculum, and on-site training which respects traditional practices while incorporating new information. Success has occurred in spite of difficulties related to Nepal's difficult geography, the need to follow-up initial training, and occasional conflicts between traditional and child-centered approaches to childrearing.

Because the care is provided by local women on a rotating basis, the operating cost to the government of this project is very low. Benefits accrue to both women and children. (Arnold 1992)



## **Philippines**

**Community-based Family Education** (Mt Pinatubo, Philippines). This program was initiated with communities affected by the eruption of Mt Pinatubo. The approach taken was to understand local culture and then to build on that. An assessment of local culture was made in terms of the following: forms of livelihood; customs and beliefs; history; family values and traditions; medicine; clothing; food; songs, dances and games; and the political system. Micro enterprise projects have been established, the income of which is shared in three equal parts (1/3 each to the family, to the cooperative, and to the ECCD program). (Angeles-Bautista 1998)

## **Legislation and Regulations**

Programs that help create a more enabling environment for parents can have a positive impact on children's development.

## **Brazil**

In March 1981, the **National Breast-Feeding Program** was launched to improve the health status of children under 1 year of age through improving the infants' nutritional status. The first step was to emphasize breastfeeding for four to six months. The project was multifaceted, focusing on the role of doctors, health services, hospitals, the infant food industry, the working conditions of mothers, the community, and maternal attitudes and behaviors regarding breastfeeding. Parent education included publication and distribution of pamphlets directed toward mothers. In addition, a large media campaign, using celebrities, was employed to heighten maternal interest and increase maternal breastfeeding behavior. (Mandl, 1983)

## **Training**

Given the fact that there is an increasing focus on the development of parenting education and support programs, a number of training initiatives have been developed to provide support to those interested in developing such programs. A few of these are reviewed.

## **Bangladesh**

**The Early Childhood Development (ECD) Unit** in Dhaka is a joint project of four organizations: Save the Children (USA), Plan International, GSS and Phulki. The Unit is not an implementing agency but is responsible for designing programs, conducting training, developing manuals and other resource materials, preparing toys/learning materials, collecting materials (child development related) from other organizations, raising awareness, etc. The unit is offering its professional support to its four member organizations and also to the partner organizations of Save the Children (USA). Presently the unit is limiting its services to three areas namely:

- ◆ Parenting/Care giving programs
- ◆ Day Care Center programs
- ◆ Pre-school programs

Gradually the unit will incorporate other child development related programs like Child-to Child, a drop-in-center, etc. The ECD unit is interested in offering its professional support to any

organization who wants to make a real difference in young children's lives. (Akhtar 1998)

The training on child rearing practices for parents/caregivers mainly emphasizes:

- ◆ how to promote children's holistic development by providing a stimulating learning environment;
- ◆ the need for close, warm and trustworthy relationships between children and caregivers;
- ◆ how to behave with children to promote their self-confidence, self-esteem, self control, relationship skills, decision-making ability, problem-solving ability, crisis management, conflict resolution, morality, etc.;
- ◆ how to make and collect toys/learning aids for children and how to store them;
- ◆ how to make children responsible;
- ◆ the importance of providing equal attention to both the girl and boy child.

#### **Jamaica**

**Competency-based Training and Accreditation System.** Caribbean Child Development Center, Kingston Jamaica. The Child Focus project is working on this system with a committee of local players, and with the HEART/TVET vocational training system of the government. Performance criteria, work activities and necessary knowledge are being spelled out in detail for a range of caregiver functions, and will eventually span ages 0-6 (or 8 eventually) and levels 1-IV (entry through the degree level). Once the accreditation system is approved, then any training institution, government or private, can use these guidelines for establishing the content of training programs; testing/accreditation will ultimately determine the effectiveness of the training. It is likely that the HEART program (government's statutory body for vocational training) will fund the establishment of the Level I courses at least.

#### **Israel**

**Parents in Transition (PT)** is an international independent non-profit program established in 1994. PT trains professionals from Health, Welfare and Education programs who work with young children and their parents. During a four-day training session participants develop skills and expertise in working with parents. PT focuses on infant feeding, nurturance, and eating behavior in infancy and early childhood; the emotional relationship between infants, young children and their parents; and the impact of migration, loss and trauma on these vital parent-child interactions. Through efforts to increase parents' awareness of their infant's feeding patterns, parents are encouraged to explore their relationship with their children. PT also offers follow-up supervision and consultancy to establish local "Network Resource Groups" in the wider community. The project was piloted in Israel and included both Israeli and Arab attendees. However, the project designers argue that PT can be exported to diverse societies around the world. PT received seed funding from the Bernard van Leer Foundation, as well as other sources. (Schmidt-Neven, 1997).

## **Nepal**

**Training for Parent Program Facilitators.** Redd Barna has made a major commitment to strengthening national resources in Nepal. Redd Barna is supporting the training of independent district level ECD personnel through a 3-month course offered by Seto Gurans National Child Development Services on a multi-year basis. The course enables trainees to initiate and provide support to a wide range of ECD programs covering the pre-natal period to 6-year-olds including parenting/caregiving, home-based programs which are run by the mothers themselves on a rotational basis, and a variety of center-based programs.

## **Research**

The increasing focus on the development of parent programs suggests the need for research to better understand the different ways in which support can be provided to parents. Thus we are beginning to see research programs designed, particularly those with a focus on understanding current childrearing practices.

## **Nepal**

**Childrearing studies.** It is widely acknowledged that strengthening families and communities' abilities to support their children's optimal development is the fundamental role of ECD programs. And yet little attempt is usually made to really understand what people believe, know and do. In order to build this understanding and enhance our ability to develop ways of working which build on existing strengths, a series of childrearing studies is planned for 1998. The studies will aim to combine a developmental psychology perspective with a cultural anthropological approach, valuing both. While a series of studies is being planned for the South Asia region, they will begin in Nepal. The Nepal study will involve collaboration between Save the Children (USA), Redd Barna, UNICEF and a University. The proposed studies are an attempt to build an understanding of existing practices, patterns and beliefs in order to ensure program interventions are appropriate. It is envisioned that they will lead into, and indeed be an integral part of the development of a co-generative approach to parenting programs and other ECD interventions. This approach essentially involves pooling of knowledge bases, with both being regarded as valid, followed by dialogue in which new knowledge and ideas may be created, with all involved learning along the way. (Arnold 1998)

\* \* \* \* \*

## **Conclusion**

In conclusion, contemporary parents and caregivers require support. Over the past 20 years the world has been changing rapidly, and there is a need for parents to adjust to the changes, both within themselves, and in terms of the kinds of support they provide for their children who are entering an even more rapidly changing world. In designing programs for parents and caregivers the assumption should be made that the parent has the best interests of the child in mind. All parents seek to do the best they can in relation to providing for their children. Sometimes there

are economic limits of what parents can provide; at other times parents lack time and energy. Furthermore, the assumption should be made that there are things the parent is doing that are positive. Any parenting program should acknowledge and build on what parents and other caregivers are able to provide. If there are practices that were once functional in the culture, but which now appear to be detrimental to the child, then new information can be presented, but it needs to be done respectfully.

### **What Do We Need to Learn from Our Experiences and Research on Children 0 - 3?**

**ISSUES:** We need to know more about...

#### *Child development/curriculum*

- \* the impact of psychological well-being on a child's overall development. (We know more about the impact of deficits than we do about what happens when children get their needs met effectively.) Do we know enough about the feedback of psycho-social well-being on health and nutrition in order to make a case for it?
- \* whether or not are there any universals of 0-3 of good development, or 0-life;
- \* the balance between a recognition and respect for what people know and do while at the same time responding to their need for access to information;
- \* how to build confidence while at the same time building an understanding of the fundamental principles for effective support for child development;
- \* how to build on existing strengths while also addressing those fundamental principles of child development that are in conflict with dominant ideas in the culture;
- \* how we can promote development of knowledge, including (new) continuing research and its implications for practice.

#### *Policy*

- \* national policies as they relate to the roles and responsibility of the family and the State in the provision of support for the under-threes;
- \* how to address the period after birth where choices are being made by parents and others about who will be in control of care and when/whether parents will go back to work.

#### *Training*

- \* how to derive training curriculum in the same way that we derive a curriculum in support of child development from the community. Can a similar process be implemented with trainees?
- \* what constitutes appropriate training in terms of content and time;
- \* how to find/ train facilitators who can appreciate and are open to all players.



### *Child development indicators*

- \* the indicators of healthy child development that are related to life-long outcomes (resilience, perseverance, the "glee factor" — a child's development of capacity for pleasure and joy — tenacity, creativity, problem-solving);
- \* the lifetime outcomes linked to 0-3 integrated programs.

### *Partnership*

- \* how to create effective public/private partnerships. There are many messages getting to parents, but they are not always appropriate. How can we use the mechanisms that are delivering these messages and send out appropriate messages?

### *Programming*

- \* how does knowledge about children from birth to three get translated into programs and practices? What are the critical intervention points?
- \* how we can close the gaps between program design and program implementation;
- \* how to get better use of/access to existing tools and policies/techniques;
- \* how to go beyond the rhetoric of integrated, participatory, community-based programming to really knowing how to do it effectively, and putting it into practice;
- \* how to effectively provide prenatal support;
- \* how to address the issues of child spacing;
- \* how to go about converging programs to create integrated coverage and to take a holistic view of children's development;
- \* the different kinds of programming lines that provide avenues into more integrated approaches;
- \* how to look for the balance between the "injecting" (of knowledge, information, practices, funds, support) vs. the "supporting" (of existing frameworks, knowledge, systems) side of this work?
- \* the dangers of falling into a trap of defining things too carefully while missing other important things;
- \* how we can act quickly in certain situations, particularly in emergency settings? ECCD need not wait until everything else is done in crisis situations — it can be there right from the start. How do things actually get done (and how can ECCD proponents be a part of it)?

## **RELATED RESOURCES**

### **Videos**

Available from the *I Am Your Child/Early Childhood Public Engagement Campaign*:

A new parenting video produced by Michele Singer Reiner is available for free (\$5 for shipping/handling) by calling 1-888-447-3400. The video is designed to help parents understand the importance of the first three years of life in the healthy development of their children. His video, funded by Johnson & Johnson, will be sent to birthing hospitals, schools, libraries and child care centers throughout the country, and will be available for free to parents and other caregivers. "I Am Your Child" campaign organizers have spoken very highly of the video.

### **Publications**

*Rethinking the Brain- New Insights into Early Development*, by Rima Shore  
Available from the Families and Work Institute.

Recent research reveals that the experiences a child has during the first three years of life have a decisive impact on how his or her brain is "wired." With every game of peekaboo, thousands of connections among brain cells are formed or strengthened, adding a bit more definition and complexity to the intricate circuitry that will remain largely in place for the rest of the child's life. These are not connections that can be easily made later on. When it comes to developing social, emotional, and intellectual skills, timing is crucial.

In 1996, the Families and Work Institute convened a national conference on brain development. One hundred fifty of the nation's leading brain scientists, child development and early education experts, business leaders and policy makers gathered to discuss their research and its implications for parents, educators, legislators, and employers. This book (92 pps.) explores, in lay terms, the key findings of recent brain research, and what those findings might mean for us all. The design of the book is excellent, the information is presented in a visually appealing fashion, with many supporting photos, quotes and inserts.

Pub.#D97-01 priced at \$25.00 per copy

## **PARENTING CURRICULUM**

The Avance Family Support and Education program began in the 1970s in San Antonio, Texas. It seeks to help children succeed in school by teaching parents to teach their children and by meeting parents' educational and job training needs. About 2,500 families participated in Avance programs during 1994. The AVANCE parent-child education curriculum is a comprehensive parenting program for low income parents and their children.

## **GOALS**

1. To familiarize the parent with the basic social, emotional, physical, and cognitive needs to young children as well as practical ways in which these needs can be met through the family.
2. To provide assistance, information, and support to parents for the purpose of alleviating problems and obstacles that may impede improvement of effective parenting skills.
3. To increase parental knowledge, attitudes, and skills in the growth and development of children 0-3 years of age, so that the parent can provide proper guidance, nurture and discipline.
4. To prevent problems in children such as learning delays, child abuse and neglect, academic failure, mental illness, and eventually poverty in children.

The following is a description of the modules that are available. Note, they are available in Spanish and English.

### **Unit: Overview of Parenting**

Introduction to the role of parents in meeting the child's basic needs. Establishes a foundation to assist parents in child development.

### **Lessons**

#### ***Key Concepts***

The introductory lesson in the unit, Overview in Parenting. This lesson presents the role of parents as gardeners by providing nourishment for children. It emphasizes the importance of a child reaching his potential with the help of parents, family, environment and experiences.

The Spanish version of this lesson, *Conceptos Claves En La Crianza De Los Ninos*, is available with corresponding transparencies.

Pages: 36 Transparencies: 36 Time Frame: 1 ½ Hr.

#### ***Foundations***

Introduces a two-fold approach to parenting. It emphasizes the importance of parents as contractors and stresses the importance of laying a sturdy foundation during the formative years from birth to 4 years. the basic needs covered in laying the foundation are in the physical, social, emotional and language areas.

Pages: 19 Transparencies: 26 Time Frame: 1 ½ Hr.

#### ***Foundations for Learning***

This lesson focuses on laying a foundation for young children in the cognitive area. It covers information regarding the sensorimotor periods birth - 2 years, according to Piaget. The awareness of morals, values and attitudes are referenced as well as how they begin to take shape in a child at a very early age.

The above two lessons are combined to create *Los Fundamentos del Aprendizaje* which includes corresponding transparencies and handouts. Pages: 31 Transparencies: 37 Handouts: 2 Time Frame: 1 ½ Hr.

### ***Do Parents Make a Difference?***

It raises the issue of competence in children, such as: what it is, when it begins and the role parents play in developing competence. The study of Dr. Burton White researches this issue and comes up with stimulating findings that place parents in a position of seeing themselves not only as teachers, but also giving insights as to what makes children happy, healthy and smart.

The Spanish version of this lesson, *Tienen Los Padres Una Influencia Decisiva?*, is available with corresponding transparencies and handouts.

Pages: 31 Transparencies: 42 Handouts: 2 Time Frame: 2 Hrs.

### **Unit: Physical Needs of The Young Child**

An introduction on the stages of physical growth in raising a healthy child and the importance of the parents' contribution to that development.

### **Lessons**

#### ***Growth and Development: an Overview***

This lesson introduces us to the importance of our children's needs for proper growth and development. Needs include cognitive, physical, social, and emotional development. It reviews the importance of early bonding with our children and the need for love, nurturing and acceptance. With proper care in the first three years of our child's life, the reward for a healthy, well-adjusted toddler will carry over the early school years and on into adulthood.

The Spanish version of this lesson, *CreCIMIENTO Y Desarrollo*, is available with corresponding transparencies and handouts.

Pages: 38 Transparencies: 36 Handouts: 10 Time Frame: 2 Hrs.

#### ***Safety and Supervision***

A guide for parents to aid in "child-proofing" the home in order to provide a safe learning environment that can be explored by children. Also cues the parents on important observations of the child's environment outside the home.

The Spanish version of this lesson, *Seguridad Y Supervision*, is available with corresponding transparencies and handouts.

Pages: 40 Transparencies: 36 Handouts: 36 Time Frame: 2 Hrs.

#### ***Trauma and First Aid***

Prepares the parent for basic first-aid procedures in case of accidents. The topics discussed are fire- and water-related accidents, what to do in case of obstructed breathing, caustic and non-caustic poison, insect bites and other injuries.

Spanish transparencies, handouts and overview are only available for the above version, *Primeros Auxilios Y Traumas de La Ninez*.

Pages: 39 Transparencies: 38 Handouts: 3 Time Frame: 2 Hrs.

#### ***Infant and Childhood Cleanliness***

This lesson is beneficial for first-time parents because it introduces baby basics such as: 1) when to bathe an infant; 2) tips on bathing an infant; 3) formulas; 4) sterilizing bottles; and 4) cloth diapers vs disposable diapers. The overall objective is to reinforce the importance of providing a



clean and healthy environment for the growth and development of the child.

The Spanish version of this lesson, *La Limpieza de Los Bebes Y de Los Ninos* is available with corresponding transparencies and handouts.

28 Transparencies: 33 Handouts: 4 Time Frame: 2 Hrs.

### **Unit: Nutrition and the Young Child**

An overview of proper nutrition in regards to a young child is addressed. Information is also presented on the prevention of diet-related illness. Ideas for parents shopping on a limited budget.

#### **Lessons**

##### ***Nutrition: an Overview***

An overview of the impact of diet on the general well-being of the child. It discusses the four basic food groups and the essential nutrients needed for healthy growth. This lesson ends with a section on typical diet factors of Mexican-American foods and the nutritional values placed on them.

Spanish transparencies, handouts and overview are only available for the above version, *Nutricion: La Base Para el Crecimiento y el Bienestar*.

Pages: 34 Transparencies: 29 Handouts: 9 Time Frame: 1 Hr.

##### ***Good Health And Nutrition***

This lesson begins by focusing on suggestions for interesting and healthy meals for children with planning ideas for providing the necessary nutritional requirements vital to growth. It also gives additional information on the prevention of diet-related illnesses and the recognition of health problems related to eating, with a focus on Hispanic populations.

Spanish transparencies, handouts and overview are only available for the above version, *Buena Salud Y Nutricion*.

Pages: 16 Transparencies: 14 Time Frame: hr.

##### ***Shopping And Eating Wisely***

This lesson gives ideas and hints for shopping on limited funds. It includes a variety of shopping tips such as which month is the best to purchase certain produce, meats, vegetables, etc. There is also an area introducing good diets for children and examples of well balanced meals for breakfast, lunch and dinner. Last, it tackles the area of problem and "picky" eaters and how to handle them.

Spanish transparencies, handouts and overview are only available for the above version, *Comprando Y Comiendo Inteligentemente*.

Pages: 34 Transparencies: 23 Handouts: 4 Time Frame: 1 Hr.

### **Unit: Childhood Illnesses**

A guide for parents to recognize symptoms of infectious childhood illnesses. Preventive measures are also addressed. Part II deals with issues of allergies, diabetes and other non-infectious diseases.

## **Lessons**

### ***Childhood Illnesses Part 1***

There are many illnesses children are susceptible to, especially during their growing years. Childhood Illness Part 1 covers the many symptoms and illnesses parents deal with such as fever, colds, diarrhea, vomiting, etc., on a daily basis. This lesson also discusses a very special topic on allergies, one we seem to overlook when it concerns our children. Childhood Illnesses Part I has a nice array of handouts to help parents with important information, especially during critical periods.

Spanish transparencies, handouts and overview are only available for the above version, *Enfermedades de La Ninez - Primera Parte*.

Pages: 42 Transparencies: 40 Handouts: 7 Time Frame: 2 Hrs.

### ***Childhood Illnesses Part 2***

Part II covers in great depth the symptoms of diseases that can occur if a child is not immunized. The schedule of immunization is discussed, along with a handout for the parents to take home. Other common childhood conditions are mentioned such as: styes, pink eye, internal parasites and infectious skin conditions. The lesson touches serious illnesses that some parents may be confronted with like heart disease, diabetes, and cancer.

Spanish transparencies, handouts and overview are only available for the above version, *Enfermedades de La Ninez - Segunda Parte*.

Pages: 29 Transparencies: 27 Handouts: 2 Time Frame: 1 Hr.

## **Unit: Children's Behavior**

The question of "What is Behavior" is examined in regard to the young child. The causes of both acceptable and unacceptable behavior are outlined as well as unrealistic parental expectations.

## **Lessons**

### ***What Is Behavior?***

This lesson focuses on behavior development of the very young child. The overall objective is to give parents an understanding of the child's behavior, especially behavior they see as "bad," so that the parent will be better able to change unacceptable behavior through love and concern. This lesson stresses the importance of meeting the basic needs of the child and meeting them in a positive manner.

Spanish transparencies, handouts and overview are only available for the above version, *Que es Conducta?*

Pages: 25 Transparencies: 28 Handouts: 2 Time Frame: 1 Hr.

### ***Discipline - Birth to Three Years***

Focuses on the parents' need to handle their child's behavior. This is beneficial to all parents who have children three years of age and under because it introduces ideas on: 1) parents need to be in control, 2) what methods a parent can use to be in control and 3) ideas and suggestions that commonly help parents. This lesson also assists parents to understand the value of good discipline methods. The overall objective is to remind parents that positive modeling, nurturing and reinforcement will result in a happy, well-adjusted young child.

Spanish transparencies, handouts and overview are only available for the above version, *La Disciplina - Desde el Nacimiento Hasta Los Tres Anos*.

Pages: 25 Transparencies: 33 Handouts: 2 Time Frame: 1 Hr.

#### ***How a Child's Temperament Affects Behavior***

This lesson focuses on the "HOW" of behavior, not the "WHY." It helps parents to understand how a child's temperament can affect how a child acts or behaves. Also, it contains helpful tips in "Tackling Tricky Temperaments." Once parents understand behavior and the different combinations of behavior the sooner they can start enjoying the uniqueness of their babies.

Pages: 20 Transparencies: 18 Handouts: 2 Time Frame: 1 Hr.

#### ***Other Factors Affecting Behavior***

This lesson discusses facts or life events that affect behavior. Issues such as separation, divorce and loss of a loved one are mentioned along with sibling rivalry and how to deal with it. Last, behavioral characteristics and the ages and stages that occur throughout childhood are discussed and hints for parents on how to cope during this period.

Spanish transparencies, handouts and overview are only available for the above version, *Otros Factores Que Afectan la Conducta*.

Pages: 34 Transparencies: 29 Handouts: 9 Time Frame: 1 Hr.

#### ***Child Maltreatment***

Information on the recognition and prevention of child abuse. Designed specifically for the high-risk audience. Includes a section on the legal rights of the parents as well as the mandate of the law.

Pages: 31 Transparencies: 32 Handouts: 2 Time Frame: 2 Hrs.

#### ***Redirecting Children's Anger***

This lesson acknowledges anger-energy's potential as power for positive growth. It teaches adult-child interactions that help to redirect the child's anger from negative to positive channels. Using varied and repeated illustrations of effective learned skills and adult modeling to achieve this, it focuses on basic steps that are titled with their acronym, SET-UP. Along with the acronym as a memory enhancer, parents are given understandings of anger's make-up and causes as teaching tools.

Pages: 44 Transparencies: 36 Handouts: 2 Time Frame: 2 Hrs.

#### **Unit: Cognitive Needs**

Discussion of the importance of learning experiences to a young child's cognitive development. The significance of a parent's role in that development is emphasized.

#### **Lessons**

##### ***What Every Parent Should Know About Learning***

Focuses on the importance of making parents aware of a child's learning process: 1) during the early years of life; 2) how learning is dependent on the five senses; 3) how the parents can stimulate their children indoors and outdoors; 4) and the importance of knowing how the

environment stimulates a child. The overall objective is to reinforce the importance of children learning through stimulation of their environment and experiences, especially during the early years of a child's life.

Spanish transparencies, handouts and overview are only available for the above version, *Lo Que Los Padres Deben Saber Acerca del Aprendizaje*.

Pages: 29 Transparencies: 35 Handouts: 2 Time Frame: 2 Hrs.

### ***Learning Basic Concepts***

Focuses on the importance of concept learning. This lesson is very important to parents, grandparents, or others who take care of children on a daily basis, because it teaches: 1) the early stages of concept learning through labels and categories; 2) the beginnings of language development; 3) the learning of spatial and cause and effect relationships; 4) the concept of time; 5) and the importance of play. The overall objective is to emphasize the importance of providing a rich environment and rich experiences of basic concept learning to children at an early age.

Spanish transparencies, handouts and overview are only available for the above version, *Aprendiendo Conceptos Basicos*.

Pages: 25 Transparencies: 34 Handouts: 4 Time Frame: 2 Hrs.

### ***Parents And Language Development***

Discusses the importance of language, of talking to babies and how this affects the child's learning. This lesson is beneficial for first time parents because it introduces: 1) first learning experiences beginning in the womb; 2) the stages in which language develops 3) ways to encourage language development and 4) the significance good language development has on school success. The overall objective is to reinforce the importance that parents can encourage good oral language that will help develop a sound foundation for their child's future success in school and life.

Spanish transparencies, handouts and overview are only available for the above version, *Los Padres Y El Desarrollo del Lenguaje*.

Pages: 26 Transparencies: 24 Handout: 1 Time Frame: 1 Hr.

### ***Language Stimulation***

Developing a strong language foundation is essential for the child to learn to interact with others, for learning in school and self-esteem. The majority of the foundation for language has been set by age 5. It is especially critical for parents of poor and minority children to lay a strong foundation in the early years. The ability to communicate effectively is essential for success in school and in life. Parents can provide a basis for that success by providing the appropriate environment for learning through stimulating conversation, praise and encouragement through exposing children to books, and by engaging in playtime.

Spanish transparencies, handouts and overview are only available for the above version, *La Estimulacion del Lenguaje*.

Pages: 28 Transparencies: 32 Handouts: 2 Time Frame: 1 Hr.



**Unit: Emotional Needs**

Discusses the critical need a child has for love and understanding. Explores the importance of belonging, success and attention.

**Lessons*****Meeting Emotional Needs***

This lesson explores the emotional strengths necessary for a child's healthy self-concept. It explains the far-reaching effects of parental attitudes and methods in nurturing their child's emotional growth. Research by Dr. Ray Guarendi, Ellen Galinsky and Dr. Bernie S. Siegal explains these needs, encouraging parents to continue with their current good practices as they develop new ones.

Spanish transparencies, handouts and overview are only available for the above version, *Satisfaciendo Las Necesidades Emocionales*.

Pages: 34 Transparencies: 29 Handouts: 9 Time Frame: 2 Hrs.

**Unit: Social Needs**

The socialization process is examined, including factors such as bonding, self-concept, independence, and social mores, which are influenced by a child's parents.

**Lessons*****Learning Social Behavior***

This lesson introduces the fundamentals of the socialization process. It discusses how socialization begins during infancy and how certain factors such as interaction between mother and child, recognizing an infant's social signals, responding to the infant's needs and developing attachments experiences affect the socialization process. This lesson also discusses how values, attitudes and beliefs play a part in the development of a young child, along with social mores. There are several group exercises incorporated into the lesson which are extremely beneficial for both the parent and the educator.

Spanish transparencies, handouts and overview are only available for the above version, *Aprendiendo Conducta Social*.

Pages: 22 Transparencies: 20 Handouts: 1 Exercises: 2 Time Frame: 2 Hrs.

**Unit: Self-awareness/goal Setting**

Bringing to light emotions of past relationships and setting goals for the future is addressed in this thought provoking review.

**Lessons*****What Now? A Lesson in Goals For The Future***

This lesson provides parents an opportunity to examine their lives and make decisions that can afford them other life opportunities. Setting goals will give parents continued growth and development not only for themselves, but also for their children.

Pages: 25 Transparencies: 10 Handouts: 2 Exercises: 2 Time Frame: 1 Hr.

Reference: Johnson, D., and Walker, T. Final report of an evaluation of the Avance parent education and family support program. Report submitted to the Carnegie Corporation. San Antonio, TX: Avance, 1991.

## **GENERAL PROGRAMS**

The following citations are short summaries of several parenting projects OR they provide interesting overviews of parenting education and its implementation strategies. They are listed here to expand the reader's understanding of parenting education projects.

### **Families Speak: Early childhood care and education in 11 countries.**

Patricia Olmsted, David P. Weikart (eds.) (1994). Ypsilanti, Michigan: High/Scope Educational Research Foundation.

This book reports the first phase (of three phases) of the Preprimary Project (PP) conducted in 11 to 15 countries. Sponsored by the International Association for the Evaluation of Educational Achievement (IEA), the study examines the early child care environments and assesses how these environments contribute to children's current and subsequent development. Preschool education is particularly interesting to explore because much of it takes place at home, by primary caregivers. In the first phase of the PP, parents were surveyed to determine the type of early childhood care and education services used by families and to determine some of the characteristics of the families and the services they use. It also provides a picture of the daily life patterns of 4 year olds. One finding implicates parent education by revealing children are with primary caregivers from between 53% (Belgium) to 74% (Germany) of the (waking) day. As a result, Kagitcibasi comments that it is important "to educate parents and to raise their expectations concerning services for children, to encourage them to demand better services and in general to create public awareness of the importance of early childhood care and education" (p.356). Lilian Katz responded to the findings by reminding the readers that everyone acknowledges the importance of quality instruction by teachers, particularly at ages 5 and 6 years, but no one addresses the preparation of children and their parents before those ages.

Finally, phase II and phase III are soon to be released. Phase II takes a subsample of those in phase I and conducts extensive observations and interviews to examine the interactive and structural characteristics of the major early childhood settings. It also explores the impact of programmatic and familial factors on children's developmental status at age 4. In phase III, a follow-up study is planned of the children in phase II when they are 7 years old. This longitudinal aspect will assess the progress of the children.

### **Proceedings of the international roundtable on family-community-school partnerships**

S. Thompson, S. (3rd, Chicago, Illinois, April 2, 1991). Washington, DC: Office of Educational Research and Improvement.

This report summarizes the international roundtable discussion assembled to identify cross-cultural themes in education. Scholars from Eastern Europe, Latin America, Spain, Portugal, Singapore & Australia exchanged their current research on educational partnerships, home-school cultural discontinuities, and community/parental involvement in the educational process. Specific references to parent education are: 1) Ko Peng Sim (Institute on Education, in Singapore) reported his multi-phased project which seeks to answer: How much do Singapore children know?/What can they do? In what ways does home environment contribute to a child's development? How can parents cooperate with schools to enhance children's development? 2) Derek Toomey (Center for the Study of Community & Social Change at La Trobe University in Australia) reported on his comparison of parent-child reading projects in which parents participate passively or actively in assisting their children to read. Active parental participation involved some parental education training whereas passive parental participation meant that parents simply listen to their children read (w/minimal or no parental training). An interesting finding of Toomey is that follow-up training of parents was found to be at least as important as the training itself.

**Women in Development Report**, FYs 1991 and 1992. Washington, DC: US Agency for International Development. [Note: This abstract lists several USAID programs which have only limited parent education components.]

This report on Women in Development (WID) recognizes the women's central role in the development process in achieving sustainable improvements in the economic and social well-being of developing countries. Only tangential parent education programs are briefly discussed in the following sectors: education (e.g. girls and women's education), health and nutrition (e.g. health and child survival program), women-in-development (e.g. AIDS prevention and care), and population programs (e.g. family planning strategies).

In societies where there are cultural, economic and social constraints on female school attendance, young girls are believed to benefit from early childhood programs. The early childhood programs give girls a "head start" in school and reinforce their early cognitive gains. In addition, well over 90 percent of the beneficiaries of AID's nutrition programs are women and children. Some of the mentioned projects are: The WIN Project (Women and Infant Nutrition Support: A Family Focus) and the MotherCare Project each suggest a minor role of parent education. The first deals with efforts to improve infant feeding practices and maternal malnutrition, while the second program attempts to reduce maternal mortality rates.

Other programs include: Project Hope (Poland, Hungary and Czech Republic) designed to improve health care services for infants, children and women. USAID/Bolivia and the WIN Project is now implementing child care and feeding centers which enable women with infants to work with out caring children on their backs. Kenya/AID has been providing population and family planning assistance since 1972. The CORAT Child Survival and Family Planning Program trained community health workers to expand community-based family planning services through Kenyan churches. Again, in Morocco, Visites a Domicile de Motivation Systematique (VDMS) has provided integrated family planning and preventive maternal-child

health services to rural areas of Morocco since 1977. In 1990, USAID/Nepal created the Child Survival/Family Planning Services Project to reduce infant mortality rates and increase life expectancy. The program emphasizes that women are the Ministry of Health's principal clients, and that the best way to reach women is through other women. Local women volunteers lead and actively participate in mothers' groups whose primary functions include educating women on matters relating to maternal and child health. Over the past 2 years, this program has initiated health literacy classes.

**Early childhood education: An international perspective**

N. Nir-Janiv, B. Spodek, B., D. Steg, (Eds.) (1980). New York: Plenum Press.

The book presents an international perspective on early childhood education in the early 1980s. The papers written for this volume summarize: a) the history of early childhood education — stemming from the U.S. anti-poverty Head Start program, 1965; b) research conducted in the 1960s & 1970s on the developing capacities of young children; c) the role of teachers and the social learning environment during early childhood education; d) early childhood education programs — including parent education programs; and e) the role of parents, family and home intervention in the early learning years.

In general, the papers review research conducted in the U.S. and early education programs implemented in the U.S.; however, it includes several programs in Israel, Chile and U.S. programs which examine the effects on ethnic minority groups. The text introduces the fundamental theses to be considered in early childhood education. These themes can be applied to future cross-cultural (international) volume with a higher concentration of non-U.S. samples. Specific papers which deal with programs parent education are reviewed independently (See Magendzo & Latorre).



## REFERENCES

- Abu-Gosh, F., and S. Nearoukh. 1994. *Israel: Mothers as Partners*. **Bernard van Leer Foundation Newsletter**, No. 75, July 1994.
- Akhtar, F. 1998. *Strengthening and Enhancing Parenting Skills*.
- Amar, J. 1994. **Educacion Infantil Y Desarrollo Social**. Barranquilla, Columbia:Ediciones Uninorte.
- Angeles-Bautista, F. 1998. *Community-based Family Education* (Mt Pinatubo, Philippines. Presentation at the Annual Meeting of the Consultative Group on Early Childhood Care and Development, UNESCO, April 20-24.
- Angeles-Bautista, F. 1996. **Parents as Learners: Towards Partnership and Participation**, Parent Education Programs in the Philippines.
- Arango, M. 1998. *FAMI - A Parent Support Program in Colombia*. Presentation at the Annual Meeting of the Consultative Group on Early Childhood Care and Development, UNESCO, April 20-24.
- Arnold, C. 1998a. **Early Childhood.....Building Our Understanding and Moving Towards The Best of Both Worlds**. Paper presented at International Seminar, Ensuring a Strong Foundation: An Integrated Approach to Early Childhood Care and Development, held at the Institute for Educational Development, in conjunction with the Aga Khan University, Karachi, Pakistan, March 23 - 27, 1998.
- Arnold, C. 1998b. *Early Childhood Development Programs: Some Examples from South Asia Focusing on Parenting/Caregiving and the 0-3s*. Presentation at the Annual Meeting of the Consultative Group on Early Childhood Care and Development, UNESCO, April 20-24.
- Arnold, C. 1992. *Project "Entry Point"*. in **Women, Work and the Need for Child Care**: New York, UNICEF Staff Working Papers No. 10.
- Arnold, C. 1990. *Nepal: Project Entry Point*, a case study prepared for UNICEF and The Consultative Group on Early Childhood Care and Development, New York.
- Baolan, M., & Xiaoping, G. 1995. **An Evaluation Study of Parent Schools in China**. Action Research in Family and Early Childhood. Monograph Education Sector, UNESCO: Paris, France.
- Bernard van Leer Foundation. 1997, 1996. *Project Profiles*.

- Booker, S. 1995. **We Are Your Children; the Kushanda Early Childhood Education and Care Dissemination Programme.** Early Childhood Development: Practice and Reflections, No. 7. The Hague: Bernard van Leer Foundation.
- Bowlby, J. 1969. **Attachment and Loss.** New York: Basic Books.
- Brazelton, T.B. 1981. **On Becoming a Family.** New York: Delacorte Press/S. Lawrence.
- Brazelton, T.B. 1974. **Toddlers and Parents: a Declaration of Independence.** New York: Delacorte Press/S. Lawrence.
- Brazelton, T. B. 1969. **Infants and Mothers: Differences in Development.** New York: Dell Publishing.
- Bustos, C. L. J. C. Diaz, and G. G. Guzman. 1994. *Programa "Conozca a su Hijo": Una Alternativa de Education No-convencional para Ninos Menores de Seis Anos de Sectores Rurales Pobres.* Ministerio de Educacion, Republica de Chile. Santiago Chile.
- Carter, N. 1996. **See How We Grow: a Report on the Status of Parenting Education in the U.S.** Pew Charitable Trusts.
- Castillo, C., N. Ortiz, and A. Gonzalez. 1993. **Home-based Community Day Care and Children's Rights: The Colombian Case.** Florence, Italy: International Child Development Center, 1993.
- Chinese Parents Go Back to School*, 1987. **People**, Vol. 14, No 4.
- Colletta, N., Satoto, S. Sockalingham, and M. Zeitlin. 1993. *The Child Development Milestone Chart - An Approach to Low-cost Programming in Indonesia.* **Early Child Development and Care.** 96. 161-171.
- Bernard van Leer Foundation. 1991. **Children's Needs and Early Stimulation. A Report of a Workshop for Early Childhood Education Trainers** Harare, Zimbabwe, July 29--August 9, 1991.
- Consultative Group on Early Childhood Care and Development. 1996. **8 is Too Late.** Fact Sheets created for the EFA Mid-Decade Forum, Amman Jordan.
- Department of Social Welfare and Development DSWD. 1997. **Parent Effectiveness Service: Seven Training Manuals.** Terms of Reference, Draft, May 1997.
- Eisenberg, A., Murkoff, H. & Hathaway, S. 1984. **What to Expect When You're Expecting.** New York: Workman Publishing.

- Engle, P. L., L. Lhotská, and H. Armstrong. 1997. **The Care Initiative: Assessment, Analysis and Action to Improve Care for Nutrition.** UNICEF, Nutrition Section, New York.
- Engle, P. L. and H. Ricutti. 1995. *Psychosocial Care.* **Food and Nutrition Bulletin.**
- Espanioly, N. 1997. *Nazareth Nurseries Institute: Altufula Early Childhood Education Centre and Multipurpose Women's Centre.*
- Epstein, A. S., M. Lerner and R. Halpern. 1995. **A Guide to Developing Community-Based Family Support Programs.** Ypsilanti, MI: High/Scope Press.
- Evans, J. L. 1997. *Project of Early Childhood Development: Draft Final Report.* Directorate General Out-school Education Youth and Sports, Department Education and Culture, Jakarta, Indonesia and World Bank.
- Evans, J. L. 1996. *ECCD in Sri Lanka. Coordinators' Notebook*, No. 18. Consultative Group on Early Childhood Care and Development.
- Evans, J. L. and P. M. Shah. 1995. *Child Care Programmes as an entry Point For Maternal And Child Health components of Primary Health Care.* Geneva, Switzerland: Division of Family Health, World Health Organization.
- Evans, J. L. *Health Care: The Care Required to Survive and Thrive. Coordinators' Notebook*, No. 13, 1993.
- Gordon, T. 1970. **Parent Effectiveness Training: The No-lose Program for Raising Responsible Children.** New York: P.H. Wyden.
- Grantham-McGregor, S. M., S. P. Walker, S. M. Chang, and C. A. Powell. 1997. *Effects of Early Childhood Supplementation with and without Stimulation on Later Development in Stunted Jamaican Children.* **American Journal of Clinical Nutrition**, 66, 247-253.
- Grotberg, E. and G. Badri. 1986. The Effects of Early Stimulation by Sudanese Mothers: an Experiment, **The Ahfad Journal**, 3 1 , pp. 3-16.
- Holcombe, S., H. Murakami, and P. Samnang. 1996. **Evaluation Report on World Education's Cambodia Nonformal Health Education Project- Final Report.** World Education, Inc.
- Hong, S. 1989. *Integrated Child Development Services. Early Childhood Development: India Case Study.* Paper prepared for the Global Seminar on Early Childhood Development, Italy, Innocenti, 12-30, 1989.

- Instituto Colombiano de Bienestar Familiar ICBF. 1992 *Evaluacion de los Hogares Comunitarios de Bienestar. Informe Técnico Final*. Bogota, Colombia.
- Jesien, G., J. Aliaga, and M. Llanos Zuloaga. 1979. *A Home-Based Non-formal Program: Context and Description Validation of the Portage Model in Peru*. Paper prepared for the InterAmerican Congress of Psychology, Lima, Peru, July, 1979.
- Koh, E. ed. 1989. *Early Childhood Development*. UNICEF **Intercom**, No 51. Jan 1989.
- Kotchabhakdi, N. 1988. *A Case Study: The Integration of Psychosocial Components of Early Childhood Development into a Nutrition Education Programme of Northeast Thailand*, a paper prepared for the Third Inter-Agency Meeting of the Consultative Group on Early Childhood Care and Development, Washington, D.C., January 12-14, 1988. New York, The Consultative Group.
- Landers, A. 1992. *Parent Education and Early Childhood Programmes. Coordinators' Notebook* No. 12, December 1992. Consultative Group for Early Childhood Care and Development.
- Landers, C. 1990. **Innocenti Global Seminar-Early Child Development: Summary Report**. Florence, Italy: UNICEF.
- Landers, C. And M. Sporn. 1994. *Enhancing Early Child Development: A Video-Based Parent Education Strategy*. Paper presented at the Second UNICEF Animation Summit, Orlando, FL, 14-18 November, 1994.
- LeVine, R.A., et. al. 1991. *Women's schooling and child care in the demographic transition: A Mexican case study*. **Population and Development Review**, vol. 17, no. 3.
- Loftin, C. 1979. *Manual de Entrenamiento para Programas no Escolarizados con Base en el Hogar*. Unpublished manuscript, Portage, Wisconsin: Cooperative Educational Service Agency, 1979.
- Mauras, M., C. L. Latorre, J. Filp. *Alternativas de Atencion al Preescolar en America Latina y el Caribe*. UNICEF, Santiago, Chile, 1979.
- Mandl, P.E. Ed. 1983. **A Child Survival and Development Revolution**. Geneva: UNICEF.
- Myers, R. G. 1996. *The Parent Education Project in Mexico*. Consultative Group on Early Childhood Care and Development.
- Myers, R. and C. Landers. 1989. "Early Childhood Development: UNICEF Programme Guidelines, Volume 5," New York, UNICEF.



- Myers R. G. and R. Hertenberg. 1987. **The Eleven Who Survive: Toward a Re-Examination of Early Childhood Development Program Options and Costs.** Report No. EDT69. Washington D.C.: World Bank.
- Myers, R. et.al. *Pre-School as a Catalyst for Community Development*, an evaluation prepared for USAID/Peru, Lima, January 1985. Mimeo.
- National Institute of Public Cooperation and Child Development. 1992. "National Evaluation of Integrated Child Development Service", New Delhi: NIPCCD.
- Nir-Janiv, N., Spodek, B., Steg, D. Eds. 1980. **Early childhood education: An international perspective.** New York: Plenum Press.
- Olmsted, P. & Weikart, D. eds. 1994. **Families Speak: Early childhood care and education in 11 countries.** Ypsilanti, Michigan: High/Scope Educational Research Foundation.
- Olmsted, P.P. & Weikart, D.P. Eds. 1989. **How nations serve young children: Profiles of child care and education in 14 countries.** Ypsilanti, MI: High/Scope Press.
- Pollitt, E., K. S. Gorman, P. L. Engle, R. Martorell, & J. Rivera. "Early Supplementary Feeding and Cognition", **Monographs of the Society for Research in Child Development**, 1993, 58:7.
- Pugh, G. & De'Ath. 1984. **The needs of parents: Practice and policy in education.** London: Macmillan.
- Rasmuson, J.R., Seidel, R.E., Smith, W.A., & Booth, E.M. 1988. **Communication for Child Survival.** Washington, DC: Academy for Educational Development.
- Richards, H. 1985. **The Evaluation of Cultural Action: An Evaluative Study of the Parents and Children Programme PPH.** London: Macmillan.
- Salole, G. 1992 *Building on People's Strengths: the Case for Contextual Child Development.* The Hague: Bernard Van Leer Foundation, Studies and Evaluation papers No. 5.
- Satoto. 1997. Experiences with Combined Nutrition/ECD Interventions Programmes: Indonesia. Paper presented at the Consultation on Child Growth and Development Interventions, Division of Child Health and Development, World Health Organization, Geneva, October 1-3, 1997.
- Satoto, and N. Donohue-Colletta. 1989. *A Low-cost home-based intervention using a cartoon curriculum: The Indonesian Pandai Project.* Paper presented at the conference, Early Childhood Toward the 21st Century. Hong Kong.
- Schmidt-Neven, R. and Samish, S. 1997. *Parents in Transition.* Victoria, Australia.

- Shrestha, S., Myers, C., and Smith, C. 1996. *Learner-generated materials development: Health education and adult literacy HEAL project, Nepal*. Unpublished report. Boston, MA: World Education.
- Spock, B. 1945. **Common Sense Book of Baby and Child Care**. New York: Duell, Sloan & Pearce.
- Stansbery, P. 1995. *Comparative child-rearing practices: An examination of maternal interactive strategies during mother-infant face-to-face interaction in Puerto Limon, Costa Rica & Boston, U.S.A.* Unpublished masters thesis. Cambridge, MA: Harvard Univ.
- Strom, R., Johnson, D., Strom, S., Daniels, S. 1992. *Multicultural Parent Education*. **International Journal of Early Childhood**. vol 24 1 , pp 35-40.
- Super, C.M., Herrera, M.G., & Mora, J.O. 1990. *Long-term effects of food supplementation and psychosocial intervention on the physical growth of Colombian infants at risk of malnutrition*. **Child Development**, 61, 29-49.
- Thompson, S. 1991. *Proceedings of the International Roundtable on Family-community-school Partnerships* 3rd, Chicago, Illinois, April 2, 1991. Washington, DC: Office of Educational Research and Improvement.
- UNESCO 1995. **Promoting Families for the Well-being of Individuals and Societies**. Malta World NGO Forum Summary: Launching the International Year of the Family 1994. Mediterranean Conference Center 28 NOVEMBER - 2 December 1993. UNESCO: PARIS.
- USAID. 1991, 1992. **Women in Development Report, FYs 1991 and 1992**. Washington, DC: US Agency for International Development.
- Woodill, G.A., Bernhard, J., & Prochner, L. 1992. **International Handbook of Early Childhood Education**. New York: Garland Publishing.



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